MARYLAND STATE DEPARTMENT OF HEALTH

06925

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills — LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belgrade Kelly Lane Rt. D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Belgrade Kelly Lane Rt. D.C.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Robert (Last) Allender

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 30 1905

9. AGE last birthday: 44 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Employed by Contractor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Allender

14. MOTHER'S MAIDEN NAME: Annie Baublitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-05-5086

17. INFORMANT: Rosalind A. Gayo, Owings Mills, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris — 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

420.2 948 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Not an injury — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

D. D. Taylor Med Exam. M.D. Reisterstown Md. 7-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 26, 1950 — NAME OF CEMETERY OR CREMATORY: Reisterstown Methodist — LOCATION (City, town, or county) (State): Reisterstown, Balto. md

DATE REC'D BY LOCAL REG. 7-25-50 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS: Wm. Berryman & Sons, Reisterstown

34809

RECEIVED
JUL 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06926

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 800 Warwick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 800 Warwick Road

3. NAME OF DECEASED (Type or Print): (First) Kate (Middle) (Last) Barlly

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 22, 1894

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Borimski

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Martin J. Barlly, 800 Warwick Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure

260 X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetic acidosis — 2 1/2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1950, to July 26, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 5:35 P. m., from the causes and on the date stated above.

SIGNATURE John F. Callahan (Degree or title) M.D. — ADDRESS 4201 Wilkens Ave — DATE SIGNED 7/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7/29/50 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/28/50 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR Wm. Cook, Inc. — ADDRESS 1217 St. Paul Street

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06927

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH · COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockdale — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3626 Rockdale Terr.	STREET ADDRESS (If rural, give location): 3626 Rockdale Terr

3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) S.	(Last) BARRY	4. DATE OF DEATH	(Month) July 13, (Day) (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: May 8, 1879	9. AGE last birthday: 71 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician Rtd	10b. KIND OF BUSINESS OR INDUSTRY: Railroad	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13. FATHER'S NAME: Columbus W. Barry	14. MOTHER'S MAIDEN NAME: Alice Morgan				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): Spanish Am. none	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs. Lottie Barry 3626 Rockdale Terrace			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151x Immediate cause (a) Carcinomatosis

46b Antecedent cause(s) (b) Carcinoma of Stomach

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to 7/13/, 1950, that I last saw the deceased alive on 7/13/, 1950, and that death occurred at 10 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin, M.D. Randallstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 7/17/50	NAME OF CEMETERY OR CREMATORY: Balto. National	LOCATION (City, town, or county) (State): Balto., Md.
DATE REC'D BY LOCAL REG.: 7/14/50	REGISTRAR'S SIGNATURE: Wm. E. Martin	24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons	ADDRESS: Balto Md.

31447

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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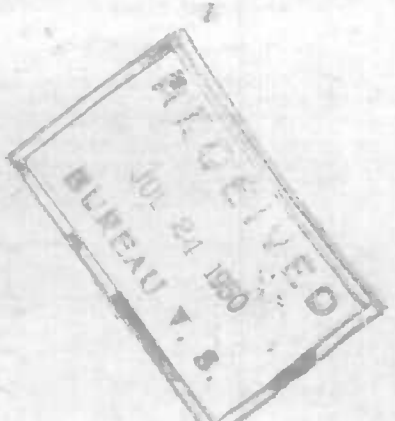
VS. A15


RECEIVED
JUL 21 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06928

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 102 E. 11th Ave

3. NAME OF DECEASED (Type or Print): (First) PHILLIP (Middle) M. (Last) BELL

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-26-22

9. AGE last birthday: 27 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worked for himself

10b. KIND OF BUSINESS OR INDUSTRY: Butter & Egg Bus.

11. BIRTHPLACE (State or foreign country): Clarksburg, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dewey Clark

14. MOTHER'S MAIDEN NAME: Emma Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: 212-20-42 32

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis, far advanced, bilateral active	2 yrs. plus.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 7-3-50 19..., to 7-10-, 19.50., that I last saw the deceased alive on ..., and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. ACT. CHIEF PRO. SERVICES VAH, Ft. Howard, Md. 7-11-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/13/50
NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery
LOCATION (City, town, or county): Annapolis Rd (State): Md

DATE REC'D BY LOCAL REG. 7/12/50
REGISTRAR'S SIGNATURE: A W Bedrick
24. FUNERAL DIRECTOR: Mildred I. Blight ADDRESS: 6009 Harford Rd

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06929

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. de Sales, Catonsville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Edmondson Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) SISTER MARY LAWRENCE BOYLE

4. DATE OF DEATH (Month) (Day) (Year) July 15th 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 15, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Richard Boyle
14. MOTHER'S MAIDEN NAME Bridget Mc Gah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Sister Mary Michaella

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Congestive Heart Failure	48 hr.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Coronary Heart Disease	6-8 yr.
		(c) Arteriosclerosis.	20 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to July 15, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 11 45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. Chas. Martin Jr. Msd.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 17, 1950
NAME OF CEMETERY OR CREMATORY Mount de Sales Cemetery
LOCATION (City, town, or county) (State) Catonsville, Md.

DATE REC'D BY LOCAL REG. 7/16/50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

V6891

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 17 1950
BUREAU V. S.

06930

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 172 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~xxxxxxxx~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 300 N. High St.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) J. (Last) Briscoe
4. DATE OF DEATH (Month) July (Day) 9 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-17-1888
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Briscoe
14. MOTHER'S MAIDEN NAME Sarah Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of lung	Unknown
163x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
47d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 1-17, 1950, to 7-9, 1950, ~~that I last saw the deceased~~ ~~xxxxxxxxxxxxxxxxxxxxxxxx~~ and that death occurred at 7:55p.m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) ADDRESS DATE SIGNED
IRVING FREEMAN, M.D. Ass't Chief Med. Ser. VAHospital, Fort Howard, Md. 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-13-50
NAME OF CEMETERY OR CREMATORY Balto. Natl. Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/11/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Francis Hamsley, 578 W. Biddle St., ADDRESS Balto.Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06931

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 119 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.	STREET ADDRESS (If rural, give location): 1356 Carroll Street

3. NAME OF DECEASED (Type or Print)	(First) HOWARD	(Middle) T.	(Last) BROWN	4. DATE OF DEATH	(Month) July	(Day) 4	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: April 12, 1890	9. AGE last birthday: 60 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer-Janitor	10b. KIND OF BUSINESS OR INDUSTRY: Factory.	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Registrar's Office, VAH, Fort Howard, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
199.8 Immediate cause	(a) CARCINOMA, PRIMARY SITE UNKNOWN	UNKNOWN
46f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) METASTATIC CARCINOMA OF LIVER.	UNKNOWN
156.1	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that VA attended the deceased from March 3, 1950, to July 4, 1950, ~~that I last saw the deceased~~ ~~[illegible]~~ death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving Freeman IRVING FREEMAN, M.D.	Act. Chief Medical Service	VAH, Ft. Howard, Md.	7-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 7-7-1950	NAME OF CEMETERY OR CREMATORY: National Cemetery	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 7/6/50	REGISTRAR'S SIGNATURE: A.W. Hedrick	24. FUNERAL DIRECTOR: Katie Williams, 322 N. Schroeder St., Balto., Md.	ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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44

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06932

CERTIFICATE OF DEATH

Reg. Dist. No. 35T

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville; MARYLAND; LENGTH OF STAY (in this place) 15 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Beckleysville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beckleysville md.; STREET ADDRESS (If rural give location) Upper Beckleysville Rd.

3. NAME OF DECEASED (Type or Print): (First) Alexander; (Middle) Raymond; (Last) Bull

4. DATE OF DEATH: (Month) July; (Day) 21; (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec 16, 1902

9. AGE last birthday: 47 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Parkton Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Bull

14. MOTHER'S MAIDEN NAME: Nanny Rosier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT: Marie Elizabeth Bull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion, Acute — Interval between onset and death: 24 hours

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease. — 1 week.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1950 to July 21, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph E Bush M D Hampstead Md July 21, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 24 1950

NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery

LOCATION (City, town, or county) (State): Parkton, Md.

DATE REC'D BY LOCAL REG.: July 22, 1950

REGISTRAR'S SIGNATURE: Chester L Poulson

24. FUNERAL DIRECTOR: J. Jacob Hartenstein

ADDRESS: New Freedom, Pa.

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VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06933

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
610 Aldershot Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 610 Aldershot Rd
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Teresa Burroughs

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widow

6.(b) Name of husband or wife: late Joseph C. Burroughs
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 25, 1885

8. AGE: Years	Months	Days	If less than one day
64	7	6	....hrs. ....min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: H. W.
11. Industry or business: Own Home

FATHER
12. Name: Dennis Driscoll
13. Birthplace: Unknown

MOTHER
14. Maiden name: Anna McGovern
15. Birthplace: Unknown

16. Informant: Mr. Joseph C. Burroughs
Address: 610 Aldershot Rd. Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 4/50 (month) (day) (year)
Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18. Funeral director: Harry A. Pinkett
Address: 4101 Edmondson Ave.

19. 8/3 50 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/31/50 19.... at .... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 19 50 to July 31 19 50 and that I last saw h.. alive on July 31 19 50.

	DURATION
Immediate cause of death: Coronary Thrombosis	
Due to: Chronic myocarditis	
Due to: 420.1	
93d	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Albert Scagnetti M.D. M. D. or other
Address: 1729 W Lombard St. signed Aug 1 50

VS. A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06934

CERTIFICATE OF DEATH

Reg. Dist. No. 4P

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) Approx. 2 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Chesaco Park (6)

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (NMI) (Last) BYSTRY
4. DATE OF DEATH: (Month) July (Day) 26, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3-16-95	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Bystry
14. MOTHER'S MAIDEN NAME: Unknown Julia Piskow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arteriosclerotic cardiovascular disease 3 Yrs.	
	(c) with coronary insufficiency and probably myocardial infarct	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26-, 19 50, to 7-26-, 19 50, that I last saw the deceased alive on [illegible] and that death occurred at 11:55 A.m., from the causes and on the date stated above.

VA

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
PAUL PADGET, M.D. Chief Medical Service VAH, Ft. Howard, Md. 7-26-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 29, 1950	Holy Redeemer Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/27/50 | REGISTRAR'S SIGNATURE G. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-5-5 E. Madison St.

JT

15675

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH BC

06935

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. LENGTH OF STAY (in this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waters around Bay Shore Pk

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City.
STREET ADDRESS (If rural, give location) 2114 Edmondson Ave.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Cascio.
4. DATE OF DEATH (Month) July (Day) 19 (Year) 1950

5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH July 27, 1907
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk retired
10b. KIND OF BUSINESS OR INDUSTRY Lexington MKT
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Samuel Cascio
14. MOTHER'S MAIDEN NAME Catherine Giglio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT Mrs. Lucy Liberto 2114 Edmondson Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion Immediate

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. McCormine (Degree or title) M.D. ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 7/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/22/50
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/21/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR John T. Stansbury ADDRESS 2700 Edmondson Av

15661

06936

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbrook
LENGTH OF STAY (in this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Woodbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbrook
STREET ADDRESS (If rural, give location): Woodbrook Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William Francis Cochran
4. DATE OF DEATH (Month) (Day) (Year): July 2 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 6 1876
9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Yonkers NY
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Francis Cochran
14. MOTHER'S MAIDEN NAME: Eva Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT AND ADDRESS: Alexander Cochran 4202 Somerset Rd-10

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho-pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary embolism cerebral thrombosis, old.	2 years
	(c) Generalized arterio sclerosis	2 years

332X
83b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1950, to July 2, 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE: Crawford N. Kirkpatrick, Jr. (Degree or title) MD
ADDRESS: 6 E. Eager St.
DATE SIGNED: July 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 5 1950
NAME OF CEMETERY OR CREMATORY: Green Mount
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 7/3/50
REGISTRAR'S SIGNATURE: G. W. Hedrick RR
24. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co 4905 York Rd
ADDRESS

XVX81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Kirkpatrick
Union Memorial

06937

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Towson MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8706 Lackawanna Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Towson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 8706 Lackawanna Rd

3. NAME OF DECEASED (Type or Print) (First) Adolphus (Middle) H. (Last) Cole
4. DATE OF DEATH (Month) July (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 2-1879
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmowner
11. BIRTHPLACE (State or foreign country) Grayson Co. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Milton W. Cole
14. MOTHER'S MAIDEN NAME Marinda Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-26-1305
17. INFORMANT AND ADDRESS Mrs. Sarah E Cole - 8706 Lackawanna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary artery occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1949, to 7/3, 1950, that I last saw the deceased alive on 7/3, 1950, and that death occurred at 4:30 p m., from the causes and on the date stated above. 7/4/50

SIGNATURE Gordon Grau MD (Degree or title) ADDRESS 8523 Loch Raven Blvd. DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/6/50
NAME OF CEMETERY OR CREMATORY Fork M.E.
LOCATION (City, town, or county) Fork Md (State)

DATE REC'D BY LOCAL REG. 7/5/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR L. J. Ruck ADDRESS 5305 Harford Rd

D.M.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Graw
8573 Loch Raven

06938

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bellona Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural give location) Bellona Ave.

3. NAME OF DECEASED (Type or Print) (First) Mamie (Middle) Rebecca (Last) Cox

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb 17, 1878
9. AGE last birthday 72 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Homework
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Lew Stewart
14. MOTHER'S MAIDEN NAME Maria Goff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT. Naomi Barger (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Cerebral hemorrhage, left.	4 days
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	unknown
		(c) Arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Rollin C. Hudson (Degree or title) M.D., D.M.E. ADDRESS Towson, Md DATE SIGNED 7/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 2, 1950
NAME OF CEMETERY OR CREMATORY Family lot
LOCATION (City, town, or county) (State) Monkton, Md.

DATE REC'D BY LOCAL REG. 8/1/50
REGISTRAR'S SIGNATURE, Alvin Ledrick per ghl
24. FUNERAL DIRECTOR Holland Funeral Home ADDRESS 1631 Druid Hill Ave.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06939

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) 9yrs.7mos. & 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chambersburg
STREET ADDRESS (If rural give location) 862 Philadelphia Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Walker (Last) Cree
4. DATE OF DEATH (Month) July (Day) 22, (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 28, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Walker Cree
14. MOTHER'S MAIDEN NAME Cornelia Elizabeth Dunham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Insufficiency	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	10 years +
	(c) Generalized Arteriosclerosis	10 years +

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1940, to July 22, 1950, that I last saw the deceased alive on July 22, 1950, and that death occurred at 12:55 P m., from the causes and on the date stated above.

SIGNATURE M. W. Elgin M.D. (Degree or title) ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson - 4. Md. DATE SIGNED July 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7/23/50
NAME OF CEMETERY OR CREMATORY Falling Springs
LOCATION (City, town, or county) (State) Chambersburg, Pa.
DATE REC'D BY LOCAL REG. 7/22/50
REGISTRAR'S SIGNATURE A. M. Bacon
24. FUNERAL DIRECTOR Wm J. Tickner & Sons Inc ADDRESS Nor. Pa. Balto 17 Md

RECEIVED
JUL 25 1950
BUREAU V. A.

06940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 87

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Morris Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) Morris Ave

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) BOSLEY (Last) CROWTHER

4. DATE OF DEATH (Month) (Day) (Year) 7/21/50 19

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ?
8. DATE OF BIRTH 7-3-1874
9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Merchant
10b. KIND OF BUSINESS OR INDUSTRY Oil
11. BIRTHPLACE (State or foreign country) Cockeysville Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Crowther
14. MOTHER'S MAIDEN NAME Francis Bosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Francis B. Crowther Jr. - 17 Murchison Place N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart disease. — INTERVAL BETWEEN ONSET AND DEATH 2 days

420.1 Antecedent cause(s) (b) Previous attack Coronary. Onset 12/17/46

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 1950, to 7/21, 1950, that I last saw the deceased alive on 7/21, 1950, and that death occurred at 3:00 p m., from the causes and on the date stated above.

SIGNATURE Bennett A. Stoen (Degree or title) MD. ADDRESS Lutherville DATE SIGNED 7/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 23, 1950
NAME OF CEMETERY OR CREMATORY Sherwood
LOCATION (City, town, or county) Cockeysville Md (State)

DATE REC'D BY LOCAL REG. JUL 23 1950
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Ellsworth Armacost ADDRESS

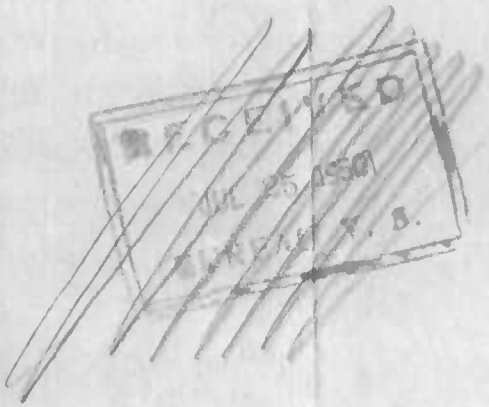
Dr. Wilmer C. Ensor 5118 Gwynn Oak Ave 15624

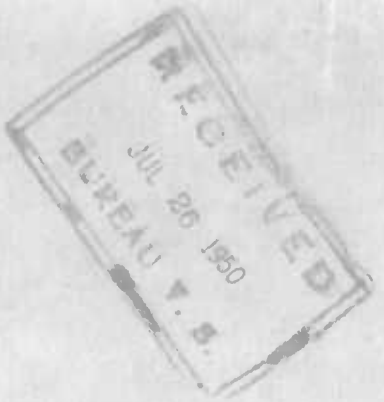
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I


RECEIVED
JUL 25 1950
BUREAU T. S.


RECEIVED
JUL 26 1950
BUREAU T. S.

06941

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Maryland — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh
STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) F. (Last) DANIELS

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married-Sep.1-20-84

8. DATE OF BIRTH

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmhand

11. BIRTHPLACE (State or foreign country): Calvert Co., N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Daniels

14. MOTHER'S MAIDEN NAME: Mollie (Maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) BRONCHOPNEUMONIA	Unknown
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 51b	(b) Carcinoma of Prostate with Metastasis	4 mos.
	Arteriosclerotic Heart Disease	4 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1950, to July 21, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 7.15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lawrence J. Knox M D — VAH Fort Howard, Md. — 7-21-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 7-25-50 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/24/50 — REGISTRAR'S SIGNATURE: A W. Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: Charles R. Law 802 Madison Ave., Balto.Md.

866 VV

MARYLAND STATE DEPARTMENT OF HEALTH BC 06942

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AF5

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 50 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2716 E. Mura Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) L. (Last) DAVIS

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-21-19

9. AGE last birthday: 30 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Davis

14. MOTHER'S MAIDEN NAME: Helen Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 220-05-4967

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593x

Immediate cause (a) UREMIA — Interval Between Onset and Death: Six Weeks

120

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Glomerular Nephritis — Four Mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 5-24, 1950, to 7-13, 1950, ~~last saw the deceased~~ ~~alive on~~, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank E. Poole M.D. A.O.D.

ADDRESS VAH Fort Howard, Md.

DATE SIGNED 7-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 17, 1950

NAME OF CEMETERY OR CREMATORY Holy Redeemer cem

LOCATION (City, town, or county) (State) 4430 Belair Rd.

DATE REC'D BY LOCAL REG. 7/17/50

REGISTRAR'S SIGNATURE A.W. Hedrick

24. FUNERAL DIRECTOR Joseph Farace Jr. ADDRESS 2013 Greenmount Ave. Balto. Md.

34899

06943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge
STREET ADDRESS (If rural, give location) 205 Murdock Road

3. NAME OF DECEASED (Type or Print) (First) Esta (Middle) Mae (Last) Day

4. DATE OF DEATH (Month) 7- (Day) 30 (Year) 1950

5. SEX F.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 3, 1878
9. AGE last birthday 72 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William A. Iglehart
14. MOTHER'S MAIDEN NAME Sarah T. Hearne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Clayton Day 205 Murdock Rd. Rodgers Forge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Myocardial Decompensation	14 da.
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio-sclerosis	3 yr. (?)
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 1950, to 7-30, 1950 that I last saw the deceased alive on 7-29, 1950, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE Wilson K. Gallager (Degree or title) M.D. ADDRESS Catonsville 28, Md. DATE SIGNED 7-31-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-1-50
NAME OF CEMETERY OR ~~CREMATORY~~ Providence
LOCATION (City, town, or county) Glenelg, Howard (State) Md

DATE REC'D BY LOCAL REG. ~~July 31, 1950~~ 8-3-50
REGISTRAR'S SIGNATURE Victor E. Harry
24. FUNERAL DIRECTOR C. H. Weer - Sykesville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06944

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 59 N. Prospect Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 59 Prospect Ave.

3. NAME OF DECEASED (Type or Print): (First) MAX (Middle) HERMAN (Last) DORN

4. DATE OF DEATH: (Month) July 3rd. (Day) (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 15, 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet metal worker

10b. KIND OF BUSINESS OR INDUSTRY: Store fixtures

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Herman T. Dorn

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-8147A

17. INFORMANT AND ADDRESS: Mrs. Freda Dorn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 Day

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterio Sclerosis — 2 Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1948, to July 3, 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: James G. Howell (Degree or title) ADDRESS: Catonsville DATE SIGNED: 7-5

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/6/50
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 7/6/50
REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Easton Sons. ADDRESS: Catonsville, Md.

362 IV

RECEIVED
JUL 10 1950
BUREAU V. S.

06945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) W.	(Last) DRIVER	4. DATE OF DEATH	(Month) July (Day) 20 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9-7-1883	9. AGE last birthday 66 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME George W. Driver		14. MOTHER'S MAIDEN NAME Mary M. Poole			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Hospital Records, Catonsville 28, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure with aricular fibrillation

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized severe arterio-sclerosis

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 10, 1950, to July 20, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Florence Deringer Joyce	M. D.	Spring Grove State Hospital Catonsville 28, Maryland	7/21/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 7-23-1950	NAME OF CEMETERY OR CREMATORY Poplar Springs	LOCATION (City, town, or county) (State) Poplar Springs, Md.
DATE REC'D BY LOCAL REG. 7-26-50	REGISTRAR'S SIGNATURE V E Harry	24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md.	ADDRESS

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md.
LENGTH OF STAY (in this place) 3 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 623 St. Paul St.

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) (Last) Embry

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 11, 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY: Public Building

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Alpha McCleaf, 623 St. Paul St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 **Immediate cause** (a) Myocarditis, Chronic — Interval Between Onset and Death: 1/2 yr.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1950, to July 28 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 1145 A. m. from the causes and on the date stated above.

SIGNATURE: J. Lloyd Johnson (Degree or title) ADDRESS: Catonsville, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 31 1950	Glen Haven Mem. Park	Anne Arundel Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 29th 1950	R.W.	William Cook Inc.,	1217 St. Paul St.

330 99

Evidence for change of date of birth shown on Film G127 7/31/50 dm. Insurance Record and Doctor's Statement.

06947

M

MARYLAND STATE DEPARTMENT OF HEALTH BC

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Malvern A venue	STREET ADDRESS (If rural, give location) 627 Parkwyrth Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) Maude	(Middle) C.	(Last) Engleman	4. DATE OF DEATH	(Month) July (Day) 17, (Year) 1950
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH MAY 10, 1887 Abt 1/1/88	9. AGE last birthday 63 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Pfoutz	14. MOTHER'S MAIDEN NAME — ?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Frank Clark, 627 Parkwyrth Avenue			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Dilatation	few days
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Colon	6 mo or more
462	(c) Exhaustion.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 4.50	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Ascending Colon (ascending)	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to July 17, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 10.30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert C. Blake MD		Med. Arts Bldg. Balto	7-18-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	7/20/50	Pipe Creek Cem.	Carroll Co., Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/19/50	H W Hedrick DM	Wm. Cook Inc.	1217 St. Paul Street

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): Paradise & Allamont Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Catherine — Exner
4. DATE OF DEATH (Month) (Day) (Year): 7 1 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-27-1865
9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Daniel Swail
14. MOTHER'S MAIDEN NAME: Margaret Hessin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs Edw Insley 630 Aldershot Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Haemoplegia Terminal	2 weeks
Antecedent cause(s)	(b) General Arterio Sclerosis	✓
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

334x
87d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) (COUNTY) (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from June 29, 1950, to July 1, 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 7.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jellen H. Tidband M.D. 1219 Poplar Grove St 7/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 7-4-50
NAME OF CEMETERY OR CREMATORY: Catherine
LOCATION (City, town, or county): Balto. (State): Md

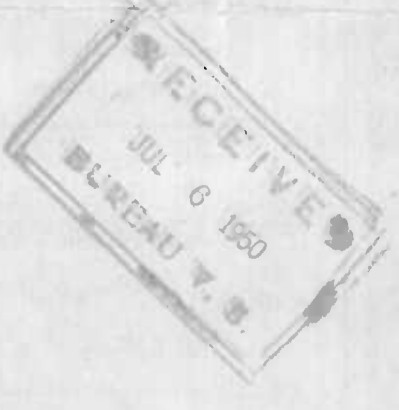
DATE REC'D BY LOCAL REG.: 7-4-50
REGISTRAR'S SIGNATURE: V E Harry
24. FUNERAL DIRECTOR: Geo. A Insley
ADDRESS: Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

I


RECEIVED
JUL 6 1950
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH BC

06949

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Dennis — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.	STREET ADDRESS (If rural, give location) 1530 Jackson Street ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) HARRY WILLIAM FAITH			4. DATE OF DEATH (Month) (Day) (Year) 7/12/50 19		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W	8. DATE OF BIRTH 5/31/88	9. AGE last birthday 62 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Passenger conductor	10b. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Faith			14. MOTHER'S MAIDEN NAME Maria Ray		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Family - Same		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Chr Myocarditis	1 yr
Antecedent cause(s)	c̄ Decompensation	1 mo
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial asthma	5 yrs
	(c) General arteriosclerosis	6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema 2 yrs

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1950, to July 12, 1950, that I last saw the deceased alive on Jul 12, 1950, and that death occurred at 12 45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. B. A. Brumbaugh Elkridge Md 7/13/50

23. BURIAL, CREMATION REMOVAL (Specify) B	DATE 7/15/50	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REG. July 14, 1950	REGISTRAR'S SIGNATURE Ida M. Whitson	24. FUNERAL DIRECTOR James L. McCauley	ADDRESS - 130 E. Fort Ave.

10247

Dr. Bromberg

5600 Main St.

RECEIVED
JUL 17 1950
BUREAU V. S.

06950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 19 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 512 Murdock Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 512 Murdock Rd.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) A. (Last) Fantom
4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 4th 1889
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady
10b. KIND OF BUSINESS OR INDUSTRY Employee Dept. Store
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Henry
14. MOTHER'S MAIDEN NAME Mary McGill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-03-6209
17. INFORMANT AND ADDRESS Miss Frances Fantom 512 Murdock Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis	1 Hr.
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio	5 yrs
		(c) Renal Vascular Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to July 30 1950 that I last saw the deceased alive on July 29, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Charles F O'Donnell MD (Degree or title) ADDRESS 7301 Yack Rd DATE SIGNED 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/2/50
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 8/2/50
REGISTRAR'S SIGNATURE A W Hedrich
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

298 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr O'Donnell
Sawyer 3161
7301 Yorktd.

06951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Prince George's County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 14 yrs. 4 mths 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seabrook
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) SUSIE	(Middle)	(Last) FARBER	4. DATE OF DEATH	(Month) July	(Day) 24	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Jan. 5, 1898	9. AGE last birthday: 52 yrs.	If under 1 year: Months 6	Days 19	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): New Jersey			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: August Farber			14. MOTHER'S MAIDEN NAME: Freda Ricka				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute massive posterior infarction

(c) old arterial myocardial infarction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. obesity & arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23, 1936, to July 24, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Cliff Pollitt, Jr.	M.D. 4617	Old Field Rd	7/25/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	27 July 1950	Evergreen Cemetery	Bladensburg	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/25/50	V. E. Harry	F. Gasch's Sons	Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

RECEIVED
JUL 27 1950
BUREAU W. B.

CERTIFICATE OF DEATH

Registered No. 06952

BIRTH NO. 50-6195

1. NAME OF DECEASED (Type or Print): Oscar Emil Goede

2. DATE OF DEATH: 7/13/50

3. PLACE OF DEATH: County
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2661 Purnell Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto County

C. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): 2661 Purnell Drive

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 10/13/1884

9. AGE (In years last birthday): 65 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Counter Salesman

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oscar E. Goede

14. MOTHER'S MAIDEN NAME: Barbara Loudenschlager

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Bill Goede — ADDRESS: 2661 Purnell Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7/13/50

DUE TO

420.1 ANTECEDENT CAUSES

940

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: —

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1946, *to* 7/13, 1950, *that I last saw the deceased alive on* 7/2, 1950, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Walter Kaufgins M. D.

23B. ADDRESS: 4331 Harford Rd

23C. DATE SIGNED: 7/14/50

24A. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial

24B. DATE: 7/15/50

24C. NAME OF CEMETERY OR ~~CREMATORY~~: London Park

24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JUL 15 1950

REGISTRAR'S SIGNATURE: ~~Huntington Williams, M.D.~~ A. W. Stedrich

25. FUNERAL DIRECTOR: Wm Cook Inc. — ADDRESS: 1217 St. Paul St.

298 99

VS 150 July 18 1950

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto Co- MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8205 Pulaski Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural give location) 8205 Pulaski Highway

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) ANNA (Last) GORNEY

4. DATE OF DEATH (Month) July (Day) 31 (Year) 1950

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 15-1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Mikulo
14. MOTHER'S MAIDEN NAME Theresa Smolko

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT John M. Gorney - hus.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

46b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to July 31, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE G. M. Baumgardner (Degree or title) MD ADDRESS Baltimore 6 Md DATE SIGNED July 31. 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-3-50
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Belair Rd (State) Balto

DATE REC'D BY LOCAL REG. 8/1/50
REGISTRAR'S SIGNATURE A. W. Hedrick per gal
24. FUNERAL DIRECTOR Lilly & Zeller ADDRESS 403 S Wolfe St

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

06954

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.D. at Delrose & Rosedale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 1000 Rosedale Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) THOMAS (Last) GOW

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 28-1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hat Maker.

10b. KIND OF BUSINESS OR INDUSTRY: Mays Hats Inc.

11. BIRTHPLACE (State or foreign country): maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: David Gow 1000 Rosedale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

961x — Immediate cause (a) Multiple bullet wounds of chest

166 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street — (CITY OR TOWN) (COUNTY) (STATE): Delrose & Rosedale Ave. Balto. 6 Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): July 23, 1950 6:45 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Stanley K. Dunladen M.D. 700 Fleet St., Baltimore 2, Maryland July 24, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/28/50 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial — LOCATION (City, town, or county) (State): Taylor Ave. Md.

DATE REC'D BY LOCAL REG.: 7/29/50 — REGISTRAR'S SIGNATURE: A W. Hedrick

24. FUNERAL DIRECTOR: John D Connelly — ADDRESS: Essex 21, Md.

JT

4960

MARYLAND STATE DEPARTMENT OF HEALTH

06955

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost of age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Road near Taylor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville; STREET ADDRESS (If rural, give location) 7804 Chestnut Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) JAMES (Last) GRACE

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Separated

8. DATE OF BIRTH: Dec. 10-1901

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist, G. E. Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. J. Grace

14. MOTHER'S MAIDEN NAME: Julia Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-05-7769

17. INFORMANT: Mrs Clara Grace - 6308 Belair Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rupture of the esophageal varices with terminal gastric hemorrhage — 581.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metabolic cirrhosis of the liver — 124.6

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: William V Smith (Degree or title) ADDRESS: 700 Fleet St., Balto., Md. DATE SIGNED: July 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-31-50 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 7/31/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: L. J. Luck - 5305 Harford Rd ADDRESS

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32659

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

06956

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1706 ARBUTUS AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HALETHORPE
STREET ADDRESS (If rural give location): 1706 ARBUTUS AVE

3. NAME OF DECEASED (Type or Print): (First) JANET (Middle) (Last) HARDY

4. DATE OF DEATH: (Month) JULY (Day) 22, (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 29, 1900

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK.

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): ENGLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN CROWE

14. MOTHER'S MAIDEN NAME: AGNES MURPHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT: DOROTHY G. LINK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Generalized Carcinomatosis	1 YR.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cerebral Carcinoma.	Same
	(c)	Carcinoma Rt. breast.	Unknown.

170X
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Marasmus -

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rt. breast.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1948, to July 22, 1950, that I last saw the deceased alive on July 21, 1950, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles Tommasello M.D. 910 W. Lombard St. Balt July 23/50.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: July 25/50 — NAME OF CEMETERY OR CREMATORY: Meadowridge Memorial Pk. — LOCATION (City, town, or county) (State): Washington Blvd. Md.

DATE REC'D BY LOCAL REG.: 7/25/50 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: J.J. Ambrose, Jr. 1329 Sulphur Spring Rd.

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06957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 1807 Selma Ave

3. NAME OF DECEASED (Type or Print) (First) Archie (Middle) Earl (Last) Harris

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 3-26-1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drayman
10b. KIND OF BUSINESS OR INDUSTRY Moving
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ronnie Harris
14. MOTHER'S MAIDEN NAME Mary Alice Fiddler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Miss Lillian Harris Sharps Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis

94a (c) Coronary Thrombosis

Bronchiectasis

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 15 50, to July 10 50, that I last saw the deceased alive on July 9 50, and that death occurred at 20 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J Frederick Rozeka Jr. 1011 N Charles St 7-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 13-50
NAME OF CEMETERY OR CREMATORY Presb. cemetery
LOCATION (City, town, or county) (State) Sharps Va.

DATE REC'D BY LOCAL REG. 7/11/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Geo L Beyer Jr ADDRESS 1512 Hollins St Balto. 23 Md

42050

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16958

Reg. Dist. No. 31

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
STREET ADDRESS (If rural, give location): Liberty Road

3. NAME OF DECEASED (Type or Print): (First) Janara (Middle) (Last) Hayes

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 4, 1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Randallstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel B. Walters

14. MOTHER'S MAIDEN NAME: Annie E. Fryfogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Noah H. F. Walters, Randallstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Cardio Vascular Disease

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis
(c) Malnutrition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

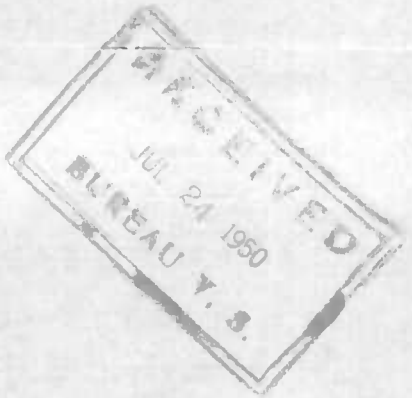
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 49, to 7/13, 19 50, that I last saw the deceased alive on 7/13/, 19 50, and that death occurred at 12.30 A m., from the causes and on the date stated above.

SIGNATURE: Wm. E. Martin (Degree or title) — ADDRESS: Harrisonville, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 15, 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery — LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG. 7/14/50 — REGISTRAR'S SIGNATURE: Wm. E. Martin — **24. FUNERAL DIRECTOR**: J. Wallis Lamoreau — ADDRESS: 4510 Liberty Heights Ave.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06959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Balto Co

City or town: 508 Dunkirk Rd ANNESLIE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto Co

City or town: York Rd ANNESLIE

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 508 Dunkirk Rd

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Philonena Hessler

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Frank A Hessler

B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 24 1873

8. AGE: Years: 77 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: House wife (Retired)

11. Industry or business: Retired

FATHER

12. Name: George Albrecht

13. Birthplace: Germany

MOTHER

14. Maiden name: Caroline B. Unknown

15. Birthplace: Germany

16. Informant: Frank A Hessler

Address: 508 Dunkirk Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/7/50 (month) (day) (year)

Cemetery or crematory: Most-Holey Re Diam.

Location

18. Funeral director: Charles P. Towell

Address: 2427 Edmondson Ave

19. 7/5 1950 (Date rec'd by registrar) H. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/4 1950, at 5.50 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1950, to July 4 1950, and that I last saw her alive on July 3 1950

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 mo.
Due to: Generalized Arteriosclerosis	5 yrs.
Due to:	
Other conditions: 331x 83a (Include pregnancy within 3 months of death)	

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: P. D. Flynn M.D. M. D. or other

Address: 11 E. Chase St. Date signed: 7-5-50

M

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MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Ds Phillips Flynn
128 Dunkirk Rd

1952
77
1873

1952
77
1873

Evidence for change of birth date shown on:

FILM No. G 127 AUG 3 1950

06960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Millers
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Millers.
STREET ADDRESS (If rural, give location) 2 mi East of Millers.

3. NAME OF DECEASED (Type or Print) (First) Beulah (Middle) Alverdia (Last) Hilker.
4. DATE OF DEATH (Month) July (Day) 20 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 27, 1900
9. AGE last birthday 50 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home.
11. BIRTHPLACE (State or foreign country) Baltimore Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Theodore J. Shaffer
14. MOTHER'S MAIDEN NAME Ellen Nace.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Charles Hilker, Millers, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis	one hour
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Hofmanville, (COUNTY) Baltimore, (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16-, 1946, to 7-5, 1950, that I last saw the deceased alive on 7-5, 1950, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE Louis Schatanoff (Degree or title) M.D. ADDRESS New Freedom, Pa. DATE SIGNED 7-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 23 1950
NAME OF CEMETERY OR CREMATORY Steltz Cemetery
LOCATION (City, town, or county) Glen Rock, York Co. (State) Penna.

DATE REC'D BY LOCAL REG. July 22/50
REGISTRAR'S SIGNATURE Chester L. Fulton
24. FUNERAL DIRECTOR J. Jacob Hartenstein, ADDRESS New Freedom Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 31 1990
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

HOLLAND 06961

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ches a peake Bay nr Ft. Howa rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
STREET ADDRESS (If rural give location) 1014 H Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) CURTIS (Last) HOLLAND
4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 13, 1901	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Helper	Steel Mfgr.	Virginia	

13. FATHER'S NAME: Emmett Holland
14. MOTHER'S MAIDEN NAME: Mary Hope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes World #1	213-09-0562	Mrs. Mildred C. Holland-1014 H St. Sparrows Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 850.8 172

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Ches. Bay	Nr. Ft. Howard -	Balto	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
7-13-50 6:30 p.m.		BOAT upset due to waves from large BOAT

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. D. Davis M.D.	Dept. Med. Exam.	Dundalk, Md.	7/13/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/17/50	Lorraine Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/14/50	A. W. Hedrick	Wm. J. Pickner & Sons	Balto Md.

JT

496 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

STATE OF MARYLAND—CERTIFICATE OF DEATH

06962

1. PLACE OF DEATH

County Baltimore Co. Registration Dist. No. 44

Village or City Bowley's Quarters No. Chestnut Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles M. Jancar If U. S. Veteran, specify WAR ____

(a) Residence: No. 1514 N. Luzerne Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline M. Jancar

6. DATE OF BIRTH (month, day, and year): Dec. 18-1897

7. AGE: Years 52 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Instructor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Air conditioning & Refrig. A. C. R. Institute

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): New York N. Y.

FATHER

13. NAME: Joseph Jancar

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME: Pauline Dostalove

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT (Address): Caroline M. Jancar 1514 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Sacred Heart Cem. Prince George Co. Md. Date: 7-6-, 1950

19. UNDERTAKER (Address): John C. Miller Inc. 2435 E. Oliver St.

20. FILED: 7-5, 1950 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July -2- (Month) (Day), 1950 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7/2, 1950, to 7/2, 1950

I last saw him alive on 7/2, 1950; death is said to have occurred on the date stated above, at 3P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/2/50

Other Contributory Causes of importance:

331x

83a

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) A. J. Kolodny M. D.

(Address) 45 Edgewater Baltimore

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

V34 6021, m

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

06963

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills. LENGTH OF STAY (in this place): Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pleasant Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills, Md.
STREET ADDRESS (If rural, give location): Pleasant Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) ALBERT (Last) JENKINS.

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 28, 1947

9. AGE last birthday: 3 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child.

10b. KIND OF BUSINESS OR INDUSTRY: none.

11. BIRTHPLACE (State or foreign country): Owings Mills, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ernest Wm Jenkins

14. MOTHER'S MAIDEN NAME: Thelma May Lutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Father E. W. Jenkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
960.1 **Immediate cause**	(a) Ruptured abdominal viscera due to crushing of wagon wheel	5 min.
175a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: none.

19a. DATE OF OPERATION: none.

19b. MAJOR FINDINGS OF OPERATION: none.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home - Farm. (CITY OR TOWN): Owings Mills, (COUNTY): Balto. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): July 29 '50. 4 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Wagon broke loose from tractor & ran over him.

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: D. D. Caples (Degree or title): Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 7-29-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF: Aug. 1. 1950. NAME OF CEMETERY OR CREMATORY: Taylorsville Meth. Cem. LOCATION (City, town, or county) (State): Taylorsville Md.

DATE REC'D BY LOCAL REG.: 7-31-50. REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: Wm. Berryman & Sons. Finksburg Md.

RECEIVED
AUG 2 1950
BUREAU V. S

Evidence for addition of 18 shown on:

FILM No. G 128 OCT 4 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06964

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) Sheppard Pratt Hospital

3. NAME OF DECEASED (Type or Print) (First) EMILIE (Middle) S. C. (Last) JESPERSEN

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH July 8, 1900

9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemother

10b. KIND OF BUSINESS OR INDUSTRY Sheppard Pratt Hos.

11. BIRTHPLACE (State or foreign country) Czechoslavia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ottokar Culk

14. MOTHER'S MAIDEN NAME Julia Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Margaret Jespersen, 316 Gittings Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

051x Immediate cause (a) Septicemia

115b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Septic sore throat (10-4-1950 akc)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Stanley H. Durlacher (Degree or title) M.D. ADDRESS Tod Fleet Ld DATE SIGNED July 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 7/22/50

NAME OF CEMETERY OR CREMATORY Greenmount Crem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 7/21/50

REGISTRAR'S SIGNATURE A.W. Hedrich

24. FUNERAL DIRECTOR Wm J. Fickner & Sons. ADDRESS Balto. 17, Md.

732 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

J. H. [illegible]
700 Fleet St.

06965

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Balto

City or town Kingsville Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Infant

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto

City or town Kingsville Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. Jerusalem Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Bonnie Alice Jones

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Infant

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) July 26th 1950

8. AGE: Years | Months | Days | If less than one day: 23 hrs. ... min.

9. Birthplace Kingsville Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Charles W. Jones
13. Birthplace Md

MOTHER
14. Maiden name Ida A Offutt
15. Birthplace Md

16. Informant ~~George~~ Charles W. Jones
Address Jerusalem Road

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 28th 1950
(month) (day) (year)

Cemetery or crematory Mt Olivet

Location Fredrick Road

18. Funeral director Leo G. Cook
Address 1701-03 N Patterson Park Ave

19. 7/28 1950 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1950 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1950, to July 27 1950 and that I last saw her alive on July 26 1950

Immediate cause of death: Erythroblastosis foetalis — DURATION: 15 hours

Due to

Due to

Other conditions
770.0
161c
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Gerald C Palmer MD
M. D. or other

Address Bel Air, Md — Date signed 7/27/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06966

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

T

VS. A15

1. PLACE OF DEATH
COUNTY 7819 Wilson Ave MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7819 Wilson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY 7819 Wilson Ave. Balto. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 7819 Wilson Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) E (Last) Jones

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 15-1866

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter-Retired

10b. KIND OF BUSINESS OR INDUSTRY: House Paint Employee

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Jacob Jones

14. MOTHER'S MAIDEN NAME: Susan Herrman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. J E Jones, 7819 Wilson Ave, Balto. Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 day

830 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic arthritis — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1950, to July 24, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Gott, M.D. 8100 Harford Rd. 7/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/27/50 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 7/25/50 — REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR: Lansdale Funeral Home — ADDRESS: 7401 Belair Rd.

340 V9

Dr. Grott
8100 Harford Rd.

RECEIVED
JUL 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06967

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard, F
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 301 S. Woodyear Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) B. (Last) JONES
4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: 8/3/1900
9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, aven if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Norfolk, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Jones
14. MOTHER'S MAIDEN NAME: Martha Batt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X Immediate cause (a) TUBERCULOSIS, CHRONIC, PULMONARY, FAR ADVANCED, ACTIVE — Interval between onset and death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 138
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5-, 1950, to 7-30-, 1950, ~~XXXX

06968

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural : Towson
LENGTH OF STAY (In this place) 3 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1614 E 32nd St.

3. NAME OF DECEASED (Type or Print) (First) Wilhelmina (Middle) H. (Last) Kaatz
4. DATE OF DEATH (Month) July (Day) 29 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH JAN 13th 1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wilhelm HENKE
14. MOTHER'S MAIDEN NAME Wilhelmina Repp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-07-8174B ~~none~~
17. INFORMANT Personal History & Hospital Record, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002x Immediate cause (a) Pulmonary Tuberculosis — 1 yr

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1950, to July 29, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R A Bridges M.D. Supt. Eudowood Sanatorium, Towson 4, Maryland 7-29-50

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 8/2/50
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 8/1/50
REGISTRAR'S SIGNATURE H. W. Hedrick
UNDERTAKER HENRY SANDER & SONS, INC. BALTO., 13, MD.
ADDRESS Henry F. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06969

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH

County: Baltimore

City or town: Arbutus (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 1207 Elmridge Road.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Arbutus (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1207 Elmridge Road. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Louise Koehler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Sept. 13, 1886

8. AGE: Years: 63 yrs. Months: 9 Days: 21 If less than one day ... hrs. ... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Button Hole Maker

11. Industry or business: Haas Tailoring Co.

FATHER
12. Name: George Koehler
13. Birthplace: Unknown

MOTHER
14. Maiden name: Louise----
15. Birthplace: Unknown

16. Informant: Mrs. George Koehler

Address: 1207 Elmridge Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 7/50 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Rd. Balto. 29, Md.

18. Funeral director: Harry H. Wietzke

Address: 4101 Edmondson Ave.

19. 7/5 (Date rec'd by registrar) 19 50 H. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4/50 19 ... at 7 00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1949 to July 4 1950 and that I last saw her alive on July 3 1950

Immediate cause of death: Metastatic Carcinoma (Generalized) — DURATION: 6 mos

Due to: Carcinoma of the Rectum — 1 yr +

Due to:

Other conditions: 154x 46d (Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: 3629 Edmondson Date signed: 7/5/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AGE & BIRTHDATE: LETTER FROM DR. MURDOCK, Sheppard Pratt hosp., filmed 8-9-50 G127. LL

06970

MARYLAND STATE DEPARTMENT OF HEALTH BC

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (in this place) 3 mos. 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hospital	STREET ADDRESS (If rural give location) 4425 Garrison Blvd.

3. NAME OF DECEASED (Type or Print)	(First) Leah	(Middle) Brillant	(Last) Lazerov	4. DATE OF DEATH	(Month) July	(Day) 6	(Year) 1950
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH DEC. 15 1882 May 13, 1876	9. AGE last birthday 74 67 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper	10b. KIND OF BUSINESS OR INDUSTRY Shoe store	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME Issac Brillant	14. MOTHER'S MAIDEN NAME Not known						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT HOSPITAL RECORDS					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
350 x Immediate cause	(a) Chronic myocarditis and myocardial degeneration	5 years
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis, Generalized Arteriosclerosis	10 years
	(c) Parkinsonian Syndrome	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1950, to July 6, 1950, that I last saw the deceased alive on ~~April~~ July 6, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. W. Elgin. M.D.		Towson - 4. Md.	July 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 7, 1950	NAME OF CEMETERY OR CREMATORY Beth Hilah	LOCATION (City, town, or county) Balto (State) Md
DATE REC'D BY LOCAL REG. 7/7/50	REGISTRAR'S SIGNATURE A.W. Hedrick	24. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Place	ADDRESS

Dom.

156 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06971

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 1 yr. 3 mos. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 426 E. 26th St., Balto. 18, Md.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Littles

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/21/31

9. AGE last birthday: 19 yrs. If under 1 year: Months 6, Days 4. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesgirl

10b. KIND OF BUSINESS OR INDUSTRY: Assembler Bed Spring Mfg

11. BIRTHPLACE (State or foreign country): Sparrows Pt., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ezikel Littles

14. MOTHER'S MAIDEN NAME: Irene Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-20-2244

17. INFORMANT AND ADDRESS: Mary Littles, 426 E. 26th St. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: About 1½ yrs.

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

13d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18/49, 19....., to 7/25/50 19....., that I last saw the deceased alive on July 25, 1950, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE: Leon N. Hetherington — (Degree or title) M.D. — ADDRESS: Mt. Wilson, Md. — DATE SIGNED: 7/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/27/50 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery — LOCATION (City, town, or county) (State): 5712 O'Donnell St. Balto. Md.

DATE REC'D BY LOCAL REG. 7/25/50 — REGISTRAR'S SIGNATURE: Helen R. Mayer — 24. FUNERAL DIRECTOR: P. Herwig Sons, 2024 Orleans St. Balto. Md.

29899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1950
BUREAU V. S.

06972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 1104 S. Bouldin St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Genevieve Lockhart.
4. DATE OF DEATH (Month) (Day) (Year) July 13 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct 19, 1919
9. AGE last birthday 30 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown
10b. KIND OF BUSINESS OR INDUSTRY Bottle Cap Works Rustless Man & Stud
11. BIRTHPLACE (State or foreign country) Poland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Paul Widomski (Paul Widomski)
14. MOTHER'S MAIDEN NAME Frances Lipinski Frances Lipinski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-05-2223
17. INFORMANT Personal History - Hospital Record, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 9 yrs.

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 27, 1945, to July 12, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W A Bridges M.D., Supt., Eudowodd Sanatorium, Towson 4, Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 17 1950
NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.
LOCATION (City, town, or county) (State) Baltimore County

DATE REC'D BY LOCAL REG. 7/14/50
REGISTRAR'S SIGNATURE R.W. Hedrick
24. FUNERAL DIRECTOR John M. Weber
ADDRESS 401 S. Chester Street

JT

XVX V3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06973

Reg. Dist. No. 42

M

Correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Baltimore
City or town: Halethorpe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: 5606 Oakland Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Halethorpe
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 5606 Oakland Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Anna C. Ludwig

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widow

6.(b) Name of husband or wife: late Adolph Ludwig
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Sept. 23, 1872

8. AGE: Years	Months	Days	If less than one day
77	9	29	... hrs. ... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual occupation: H. W.
11. Industry or business: Own Home

FATHER
12. Name: Meyers
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Albert Ludwig
Address: 5606 Oakland Rd. Halethorpe, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25/50 (month) (day) (year)
Cemetery or crematory: Meadowridge Memorial Park
Location: Dorsey, Md.

18. Funeral director: Harry A. Pfeffle
Address: 4101 Edmondson Ave.

19. 7/25 1950 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/22/50 19... at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10 1950 to July 22 1950
and that I last saw h... alive on July 22 1950

Immediate cause of death: Arteriosclerotic Heart Disease — DURATION

Due to:

Due to:

Other conditions: Partial Intestinal Obstruction 4 Days
420.0
93d
(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: J. M. Callan M. D. or other
Address: 332 Fred Ave. Date signed 7/24/50

06974

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE Maryland Md; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md; LENGTH OF STAY (in this place) 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea; STREET ADDRESS (If rural, give location) 111 Fuller Ave

3. NAME OF DECEASED (Type or Print): (First) Mrs (Middle) Bertha Elizabeth (Last) Lund

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 17 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Box Factory

10b. KIND OF BUSINESS OR INDUSTRY: Eastern Box factory

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Kahler

14. MOTHER'S MAIDEN NAME: Katherine Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: X

17. INFORMANT AND ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart failure — Interval Between Onset and Death: 2 days

Antecedent cause(s)

450.0 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteria sclerosis — 2

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to July 11, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 10 45 P. m., from the causes and on the date stated above.

SIGNATURE: Walter T. Ives (Degree or title) M.D. ADDRESS: Cockeysville Md. DATE SIGNED: 11 July 50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE: 7-14-50 | NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 7-12-50 | REGISTRAR'S SIGNATURE: Laura M. Schroeder | 24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, St. Paul & Preston St

XVX 12

RECEIVED
JUL 13 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

06975

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bengies
LENGTH OF STAY (in this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Luthardts Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bengies
STREET ADDRESS (If rural, give location) Buthardts Rd.

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) M. (Last) Luthardt

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 5-1859

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John O'Flynn

14. MOTHER'S MAIDEN NAME: Anne —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. John McClelland Bengies Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332x **Immediate cause** (a) Cerebral Thrombosis — 2 days

83b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis of Spine — 10 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1950, to July 27, 1950, that I last saw the deceased alive on July 27, 1950, and that death occurred at 12 15 P. m, from the causes and on the date stated above.

SIGNATURE (Degree or title): Leonard M Hummel M.D. — ADDRESS: 434 Eastern Ave — DATE SIGNED: 7/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/31/50 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 7/28/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Lansdale Funeral Home — ADDRESS: 7401 Belair Rd

JT

434 Eastern Ave

06976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harlem Lodge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Chesterfield
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) "Old Hundred Farm", MIDLOTHIAN, VA.

3. NAME OF DECEASED (Type or Print) (First) Sterry (Middle) Jencks (Last) MAHAFFEY

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 12, 1904

9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineering Director

10b. KIND OF BUSINESS OR INDUSTRY Highway Construction

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Mahaffey

14. MOTHER'S MAIDEN NAME Jessie —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.2	Immediate cause	(a) Edema of brain and lungs	3 days
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial degeneration.	1 week
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute psychotic reaction — 1 week

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1950, to July 1, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 11 45 A.m., from the causes and on the date stated above. 7/1/50

SIGNATURE George G. Merrill (Degree or title) M.D. ADDRESS 100 E. Chase St., Baltimore 2, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/4/50

NAME OF CEMETERY OR CREMATORY Warrington

LOCATION (City, town, or county) Warrington Va (State)

DATE REC'D BY LOCAL REG. 7-2-50

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR Wm. J. Tickner & Sons North and Va. Ave's ADDRESS

V16 V9

RECEIVED
JUL 5 1950
BUREAU T. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06977

CERTIFICATE OF DEATH

FILM No. G 126 JUL 17 1950

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore 28 MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 15 yrs. 6 mths.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural, give location) 1522 Park Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pauline	S.	Malone	July 5, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white		1903	46 yrs.	?	?	?	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	New York	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Stow	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inanition, Cardiac arrest, failure

301.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) malnutrition

84c (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Depressive psychosis (7-17-50 ams)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 31, 19 34 to July 5, 19 50, that I last saw the deceased alive on July 4, 19 50, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Will Smith, Jr.	M.D.	Spring Grove Hospital, Balto. 28, Md.	7-5-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/6/50	Holy Cross Cemetery	Ritchie Highway Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/6/50	H.W. Redd	Elig Funeral Home Inc.	115 E. White St. Baltimore Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06978

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Glenarm
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs. Annie (Middle) Lee (Last) Marchman

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 22 - 1892

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: Green Meadows

14. MOTHER'S MAIDEN NAME: Susan Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charles S. Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Respiratory and Cardiac Failure. - Cachexia	
150 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46a	(b) Carcinoma of Esophagus with multiple metastases	2 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-13-49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Esophagus.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19, 1949, to July 12, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 11:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John F Nogueira, MD. ADDRESS: Kingsville, Md. DATE SIGNED: 7/13/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial. DATE THEREOF: July 14-50 NAME OF CEMETERY OR CREMATORY: Fork Christian Cem. LOCATION (City, town, or county) (State): Fork Md.

DATE REC'D BY LOCAL REG.: July 13-50 REGISTRAR'S SIGNATURE: C. E. Arthur Dep. Reg. 24. FUNERAL DIRECTOR: C. E. Arthur ADDRESS: Fork Md.

VS. A15

RECEIVED
JUL 25 1950
BUREAU T. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06979

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) K. (Last) MARKLAND

4. DATE OF DEATH (Month) July (Day) 8 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH 10-31-1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School teacher
10b. KIND OF BUSINESS OR INDUSTRY Public Schools
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William T. Markland
14. MOTHER'S MAIDEN NAME — Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Harry Eaton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of larynx	18 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertension	5 yr
	(c) arteriosclerosis	5 yr

161x

47a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 7-1-50, to 7-8-50, that I last saw the deceased alive on 7-7-50, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE Jane G. Saffell (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 11-1950
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 7-9-50
REGISTRAR'S SIGNATURE Mary B. Eline.
24. FUNERAL DIRECTOR Edw Clipton, Hampstead Md ADDRESS

V3491

RECEIVED
JUL 15 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06980

Reg. Dist. No. X3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7014 Beech Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 7014 Beech Ave

3. NAME OF DECEASED (Type or Print): (First) Harry (or) Henry (Middle) Varner (Last) Martin

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 21 1874

9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Spring Co.

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawson Martin

14. MOTHER'S MAIDEN NAME: Jane Henning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: 215-09-0168

17. INFORMANT AND ADDRESS: Margaret J. Klingenberg 7014 Beech Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Myocardial insufficiency 4 dys

Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis 1 yr

(c) Arterio-sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from: July, 19 48, to July 6, 1950, that I last saw the deceased alive on July 6, 1950, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE D. Edward Ferguson (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: July 10 1950 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem | LOCATION (City, town, or county): Taylor Ave | (State): Md.

DATE REC'D BY LOCAL REG. 7/7/50 | REGISTRAR'S SIGNATURE H.W. Hedrick | 24. FUNERAL DIRECTOR: Duffel Bros | ADDRESS: 710 Belair Rd

XVX 67

06981

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County Baltimore

City or town Mt. Washington (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: .....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Mt. Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. 6026 Stanton Ave (If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Mary F. Martin

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow.

6.(b) Name of husband or wife: Joshua F. Martin.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 3, 1864

8. AGE: Years 86 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: None.

11. Industry or business

FATHER
12. Name: John F. McCauley.
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary J. Johnson
15. Birthplace: Maryland.

16. Informant: Mary F. Martin

Address: 6026 Stanton Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 12, 1950 (month) (day) (year)

Cemetery or crematory: Poplar

Location: Balto Co, Md

18. Funeral director: Austin E. Donovan

Address: 3818 Roland Ave

19. 7-10 1950 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1950 at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1949, to July 10 1950 and that I last saw her alive on June 30 1950

Immediate cause of death: Congestive Heart Failure

Due to: Arteriosclerotic C-V. Dis.

Due to: .....

Other conditions: 422.1 93d (Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Edward L. Glassman M. D. or other

Address 4037 Falls Rd. Date signed 6/10/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06982

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~219~~ 36

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland
LENGTH OF STAY (in this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland.
STREET ADDRESS (If rural, give location) 4 mi W. of Freeland.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) William Harrison G. Masemore.
4. DATE OF DEATH (Month) (Day) (Year) July 11, 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 18, 1873
9. AGE last birthday 76 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm.
11. BIRTHPLACE (State or foreign country) York Co., Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Masemore.
14. MOTHER'S MAIDEN NAME Catherine Gerber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Wilbert Smith, Freeland, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis

332 x

Antecedent cause(s)

83 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1938, to July 11, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE A. M. Franci M.D. (Degree or title) ADDRESS Parkton Md DATE SIGNED 7/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 14, 1950
NAME OF CEMETERY OR CREMATORY Steltz Cemetery
LOCATION (City, town, or county) (State) Glen Rock, York Co., Penna.

DATE REC'D BY LOCAL REG. July 14/50
REGISTRAR'S SIGNATURE Chester L. Fulton
24. FUNERAL DIRECTOR J. Jacob Hartenstein, New Freedom, Pa. ADDRESS

308 v 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1950
BUREAU V. S.

06983

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Seminole Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 10 Seminole Avenue

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Poulton (Last) McComas

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 21, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Asbury Poulton

14. MOTHER'S MAIDEN NAME: Alice V. Carper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Charles P. McComas 10 Seminole Ave., Catons.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Embolism — 1 yr hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - Vascular - Renal Disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8. 15, 19 47, to 7-16, 19 50, that I last saw the deceased alive on 7-16, 19 50, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edgar E. Urban M.D. ADDRESS 805 Frederick Ave., Catonsville, Md. DATE SIGNED 7-17-50

23. BURIAL, CREMATION, REMOVAL: Entombment — DATE THEREOF 7-18-50 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/17/50 — REGISTRAR'S SIGNATURE T. E. Harris

24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons, Inc.-1900 Eutaw Place Baltimore, Maryland

John O. Mitchell & Sons

389

RECEIVED
JUL 19 1950
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06984

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Glenmore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 19 Glenmore Ave

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) E. (Last) McIntyre

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7/12/81

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Steven Thomas

14. MOTHER'S MAIDEN NAME: Adeline Feaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. John Sload 19 Glenmore Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — many years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to 7-30, 1950, that I last saw the deceased alive on 7-30, 1950, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Max R. English M.D. 5713 Belair Rd. Balto 6 Md. 7-31-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/2/50

NAME OF CEMETERY OR CREMATORY: Mt. Olivet

LOCATION (City, town, or county) (State): New Cumberland Pa.

DATE REC'D BY LOCAL REG.: July 31-1950

REGISTRAR'S SIGNATURE: Mrs. P. L. Reifsnider

24. FUNERAL DIRECTOR: Lasahn Funeral Home ADDRESS: 740 Belair Rd.

Dr. English

RECEIVED
AUG 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06985

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - OLD COURT RD
LENGTH OF STAY (In this place): 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GRANITE - MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OLD COURT RD - GRANITE - MD.
STREET ADDRESS (If rural, give location): RURAL.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EMMA	CATHERINE	MERRYMAN	JULY	23	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	Widowed	MAY 20 1862	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	Home	WEST VIRGINIA	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES WILLIAM BUTTS	ELIZABETH ERNEST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO NO	NONE	MR. ARTHUR U. BUTTS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	1 DAY
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C.V. DISEASE	5-10 YRS.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from JULY 23, 1950, to JULY 23, 1950, that I last saw the deceased alive on JULY 23, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

DR. WILLIAM E. MARTIN HARRISONVILLE MD. FAMILY PHYSICIAN

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas E. Wheeler	M.D.	Randallstown, Md.	July 23 '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 26, 1950	Harden Cemetery	Harpers Ferry, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/24/50	Wm. E. Martin	C. H. Weer	Sykesville, Md.

VS. A15

RECEIVED
AUG 10 1950
BUREAU V. S

06986

MARYLAND STATE DEPARTMENT OF HEALTH

BC

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie — LENGTH OF STAY (in this place): 3½ yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - 13
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armacost Nursing Home 812 Regester Ave.	STREET ADDRESS (If rural, give location): 1606 N. Broadway

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) MICHAELSON (Last)

4. DATE OF DEATH: (Month) July (Day) 8. (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Sept. 26. 1877	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - -	Baltimore Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Valentine Kohlhepp	Margaretta Kraus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		none	Mrs. Lillian Roberson (Daughter) 1606 N. Broadway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443x	Immediate cause	(a) Myocardial failure	6 Mo
	Antecedent cause(s)	Arterial hypertension c̄ Myocardial hypertrophy	15 yrs -
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis, severe	
		(c) Cerebral hemorrhage c̄ hemiplegia	3 yrs -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to July 8, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 6 45 P m., from the causes and on the date stated above. 7/9/50

SIGNATURE: Thomas L. Worsley Jr. (Degree or title) M.D. ADDRESS: 2900 Alameda Blvd - Balto - 18 Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jul. 11. 1950	Baltimore Cem.	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/11/50	A. W. Hedrick JT	HENRY SANDER & SONS, INC. Baltimore Md.	George F. Sander

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06987

Reg. Dist. No. X4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 421 Druid Hill Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	(NMI)	MILTON	July 29, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	3-15-15	35 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction Co.	Wilmington, N. C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wally Milton	Susan Goss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	WW-2	217-07-4989	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
156.1 Immediate cause	(a) Pulmonary embolus, bilateral	sudden
46f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of liver	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-30-50	See Autopsy Findings	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-27-, 1950, to 7-29-, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 2:40 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Padget		VAH, Ft. Howard, Md.	7-30-50
PAUL PADGET, M.D.	Chief Med. Ser.		

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-2-50	Balto.National Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/31/50	H.W. Hedrick Dr.	CHARLES R. LAW Balto., Md. Charles R. Law	802 Madison Ave.

988 V9

06988

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 37 yrs. 11 mths 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Spring Grove State Hospital

3. NAME OF DECEASED (Type or Print) (First) BERTHA (Middle) (Last) MORRISON

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH About 1880
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME (Unknown)
14. MOTHER'S MAIDEN NAME (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary heart disease

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo S M Kieffer Jr. Dep. Med Exam ADDRESS 1010 Leeds av DATE SIGNED July 17 50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7/19/50
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) (State) Balto Cty
DATE REC'D BY LOCAL REG. 7/19/50
REGISTRAR'S SIGNATURE V E. Harry
24. FUNERAL DIRECTOR Frances A Hemsley 578 W Biddle St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06989

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore - 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2909 Sparrows Point Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ss
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print): (First) CHRISTINA (Middle) AMELIA (Last) MORRISON.

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid. | 8. DATE OF BIRTH: June 12. 1866 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Sparrows Point. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Mennis.
14. MOTHER'S MAIDEN NAME: Mary Ann Rice.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT: Carrie Millican.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443x Immediate cause	(a) Myocardial failure.	Sudden.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Disease.	4 years.
	(c) Arteriosclerosis.	5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1950, to July 8, 1950, that I last saw the deceased alive on July 8, 1950 and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis N. Tollin. M. D. 6908 North Point Rd Balto. 19 - July 8. 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July - 12 - 1950 | NAME OF CEMETERY OR CREMATORY: Mt Carmel Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: July 11, 1950 | REGISTRAR'S SIGNATURE: Edith Hurley

24. FUNERAL DIRECTOR ADDRESS: John G. Connelly - 418 Eastern Ave - Balto 21 - Md.

VS-A15

RECEIVED
JUL 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06990

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A45

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 Greenridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 118 Greenridge Road

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) A. (Last) Murison
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH: Mar 1-1902
9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): V.P. - Palmar Corp
10b. KIND OF BUSINESS OR INDUSTRY: R.R. Equip. Mfg.
11. BIRTHPLACE (State or foreign country): Kilmarnock Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Murison
14. MOTHER'S MAIDEN NAME: Margaret A. Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 577-03-0273
17. INFORMANT AND ADDRESS: Mrs Amelia K. Murison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis — June /50

151x Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach

(c) C Pylorii Stenosis — 3/15/50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Church Home Hosp.
19b. MAJOR FINDINGS OF OPERATION: as above. Three operations
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 19 50, to 7/29, 19 50, that I last saw the deceased alive on 7/1, 19 50, and that death occurred at 3:40 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jos. A. Sedlack, M.D. — ADDRESS: 200 W. Penna. Ave Towson 4, Md — DATE SIGNED: 7/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 31-1950 — NAME OF CEMETERY OR CREMATORY: Woodland Mem Park — LOCATION (City, town, or county) (State): Balto Co Md.

DATE REC'D BY LOCAL REG. 7-29-50 — REGISTRAR'S SIGNATURE: A. M. Bacon

24. FUNERAL DIRECTOR: John Burns Sons — ADDRESS: 610 York Rd Towson 4

XVX 47

RECEIVED
JUL 31 1950
BUREAU OF

06991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Wilson — LENGTH OF STAY (in this place) 1 yr. 11 mos. 17 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital	STREET ADDRESS (If rural, give location) 3225 Foster Avenue

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Joseph	(Last) Otremba	4. DATE OF DEATH	(Month) July	(Day) 10	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2/3/17	9. AGE last birthday 33 yrs.	If under 1 year Months. 5	Days 7	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Michael Otremba			14. MOTHER'S MAIDEN NAME Mary Stanislawski				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. 218-03-6636	17. INFORMANT William Joseph Otremba				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	5 yrs.
002X Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculous Empyema	1 yr.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION No operation	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1948 19 23, to July 10 19 50, that I last saw the deceased alive on July 10, 19 50, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Mt. Wilson	7/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7/21/50	NAME OF CEMETERY OR CREMATORY Louden Park Cemetery	LOCATION (City, town, or county) (State) Frederick Rd., Balto., Md.
DATE REC'D BY LOCAL REG. 7/10/50	REGISTRAR'S SIGNATURE Helen R. Mayer	24. FUNERAL DIRECTOR Lilly & Zeiler, 1901 Eastern Ave. Balto. Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1950
BUREAU V. S.

06992

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk 22 Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 4 Weeks

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Dundalk 22 Maryland
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 534 New Pittsburg Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Williams Parker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Married

6.(b) Name of husband or wife: Clara Parker

6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): June 30. 1879

8. AGE:

Years	Months	Days	If less than one day
71			hrs. min.

9. Birthplace: Vienna Maryland
(Town, county, and state)

10. Usual occupation: Farmer Hand

11. Industry or business: Farm

FATHER
12. Name: Richard Parker
13. Birthplace: Md

MOTHER
14. Maiden name: Francis Parker
15. Birthplace: Md

16. Informant: Edith Chatman

Address: 212 Center Street

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/30/1950 (month) (day) (year)

Cemetery or crematory: Vienna Cem.

Location: Vienna Maryland

18. Funeral director: Herbert M. St. Clair Jr

Address: Cambridge, Md

19. July 28 1950 (Date rec'd by registrar) A. W. Hedrick JT Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1950 at 6:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13, 1950 19 , to July 25 1950 and that I last saw him alive on July 25 1950

Immediate cause of death: Hypostatic pneumonia

Due to: Cerebral hemorrhage

Due to: Arteriosclerosis

Other conditions: Malnutrition, dehydration, left inguinal hernia

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: 331 x 83a

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Harold Nichols M.D.
M. D. or other

Address: 423 New Pittsburg Ave. Date signed: July 26, 1950

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

06993

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville — LENGTH OF STAY (in this place): 18 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Happy Hollow Road	STREET ADDRESS (If rural, give location): Happy Hollow Road

3. NAME OF DECEASED (Type or Print)	(First) Abraham	(Middle) Griffith	(Last) Parks	4. DATE OF DEATH	(Month) July (Day) 25 (Year) 1950
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Feb 15 1886	9. AGE last birthday: 64 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner	11. BIRTHPLACE (State or foreign country): Md	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Charles E. Parks	14. MOTHER'S MAIDEN NAME: Euodecia Chalk				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Mrs Matilda Parks Cockeysville Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of prostate	18 month
177X Antecedent cause(s)		
51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) metastasis to liver	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19....., to 7/24/50, 19....., that I last saw the deceased alive on 7/24/50, 19....., and that death occurred at Home m., from the causes and on the date stated above.

SIGNATURE: James G. Saffell (Degree or title) M.D. ADDRESS: Cockeysville, Md — DATE SIGNED: Reisterstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: July 28 1950	NAME OF CEMETERY OR CREMATORY: Mays Chapel Cemetery	LOCATION (City, town, or county): Balto County (State): Md
DATE REC'D BY LOCAL REG.: 7-27-50	REGISTRAR'S SIGNATURE: Mary B. Eline.	24. FUNERAL DIRECTOR: Wm Berryman & Sons	ADDRESS: Reisterstown Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06994

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Rd.	STREET ADDRESS (If rural, give location) Church Rd.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JULIA	A.	PEDDICORD		July	5,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	widowed	Oct. 8, 1863	86 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Moxley	Sarah Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
-	-	Mrs. Ruby Haddoway, Church Rd., Randalls-town

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 months.
151 X Antecedent cause(s)		
46 l Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	
	(c) Carcinoma of Stomach	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 7/1, 1950, to 7/5, 1950, that I last saw the deceased alive on 7/3, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edwin J. Burpee	M.D.	5827 Liberty Rd, Balto 7, Md.	7/5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/8/50	Mt. Olive Cem.	Randallstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 8th. 1950	R.W.	Wm. J. Fischer & Sons	Balto. Md

VS. A15

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06995

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick & N. Rolling Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Frederick & North Rolling Roads.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Catherine (Last) Poisal (Poisel)
4. DATE OF DEATH (Month) July (Day) 5, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Sept 9, 1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Conroy
14. MOTHER'S MAIDEN NAME Annie Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs. Anna M. Calk, Frederick & North Rolling Roads.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	36 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease with card. decomp.	years
	(c) Hypostatic pneumonia	24 hours

443X
61
260X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1950, to July 5, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 5:50 P.m., from the causes and on the date stated above.

SIGNATURE James Nolan (Degree or title) M.D. ADDRESS 5804 Edmondson Ave., Balt 29, Md DATE SIGNED 7/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 8, 1950
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/7/50
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR ADDRESS George L. Schwab, 2101 Frederick Ave. Balto, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JUL 10 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH BC

2411 N. Charles Street, Baltimore

06996

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3125 Eastern Avenue

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) F. (Last) PORTER
4. DATE OF DEATH (Month) July (Day) 25, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH 11-23-1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Moulder
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fords Store, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Porter
14. MOTHER'S MAIDEN NAME Mollie Stafford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) SAW
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
260 Immediate cause	(a) Uremia, due to unknown causes	Unknown
61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Unknown; Gangrene of left foot — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 7-19-, 1950, to 7-25-, 1950, ~~that I last saw the deceased alive on~~ ~~and that~~ death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED
PAUL PADGET, M.D. Chief Medical Service VAH, Ft. Howard, Md. 7-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/29/50
NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 7/28/50
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home, Baltimore, Md.

JT ✓

338 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Evidence for addition as shown in #18

06997

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

FILM No. G 1 27 AUG 23 1950

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 77 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) (NMI) (Last) REED

4. DATE OF DEATH (Month) (Day) (Year) July 25, 1950 19

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married-Sep.

8. DATE OF BIRTH: 5-8-93

9. AGE last birthday: 57 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Middlesex, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thadges Reed

14. MOTHER'S MAIDEN NAME: Elizabeth Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of lung. — 6 mos.

163X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

47d

(c) II Neurosyphilis, asymptomatic — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Gastric ulcer — unknown
Arteriosclerosis, generalized — unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1950, to July 25, 1950, ~~[illegible]~~ and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE Peter McDonnell (A.O.D.) (Degree or title) ADDRESS DATE SIGNED
PETER McDONNELL, M.D. VAH, Fort Howard, Md. 7/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 28, 1950 NAME OF CEMETERY OR CREMATORY Sharptown Cemetery LOCATION (City, town, or county) (State) Rock Hall, Md.

DATE REC'D BY LOCAL REG. July 29-50 REGISTRAR'S SIGNATURE Dawson L. Harbin

24. FUNERAL DIRECTOR ADDRESS Marvin V. Williams, Rock Hall, Md.

49699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1950
BUREAU V. S

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06998

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golden Ring — LENGTH OF STAY (in this place) 66 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golden Ring
HOSPITAL OR INSTITUTION OR STREET ADDRESS Philadelphia Rd. & Race.Rd.	STREET ADDRESS (If rural give location) Philadelphia Rd. & Race Rd.

3. NAME OF DECEASED (Type or Print) (First) CONRAD (Middle) (Last) REICH				4. DATE OF DEATH (Month) July. (Day) 14th (Year) 1950	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Sept. 14,1863	9. AGE last birthday 86 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Reich		14. MOTHER'S MAIDEN NAME Magdalena Volz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Henry Milke			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cerebro-Vascular accident — 2 days

93d Antecedent cause(s) (b) Arterio-Sclerotic-Cardio Vascular — 2 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urinary Retention — 1 wk.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	gardner	Balto 6 Md	7-15-50

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE July 17,1950	NAME OF CEMETERY OR CREMATORY Zion Lutheran Cemetery	LOCATION (City, town, or county) (State) Stemmers Run, Md.
DATE REC'D BY LOCAL REG. 7/17/50	REGISTRAR'S SIGNATURE H. W. Hedrick [signature]	24. FUNERAL DIRECTOR Lassahn Funeral Home	ADDRESS 7401 Belair Rd.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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06999

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 102 Aisquith Street

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) E. (Last) ROBINSON
4. DATE OF DEATH (Month) July (Day) 19, (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-26-25
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Steel Plant
10b. KIND OF BUSINESS OR INDUSTRY Sparrows Point
11. BIRTHPLACE (State or foreign country) Wytheville, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Robinson
14. MOTHER'S MAIDEN NAME Betty Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Poliomyelitis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

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36

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 7-17-, 1950, to 7-19-, 1950, ~~that I last saw the deceased alive on~~ death occurred at 10:00P m., from the causes and on the date stated above.

SIGNATURE Her Paul Padget (Degree or title) ADDRESS DATE SIGNED
PAUL PADGET, M.D. Chief Medical Service VAH, Ft. Howard, Md. 7-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/21/50
NAME OF CEMETERY OR CREMATORY Wytheville Va
LOCATION (City, town, or county) (State) Wytheville Va

DATE REC'D BY LOCAL REG. 7/21/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Elroy Wilson, ADDRESS Balto., Md.

44429

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07000

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): Approx. 13 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 5005 LaSalle Ave. Balto 6, Md. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	J.	ROCK	July 23 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	10/11/92	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Rock	Rose Delaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WWI-1	217-16-0426	Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Arteriosclerotic Heart Disease	3 yrs. plus
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-22, 1950, to 7-23, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~19~~ and that death occurred at 1:17 A.m., from the causes and on the date stated above.

SIGNATURE: DAVID H. KUNTZ, M.D. (Degree or title) — ADDRESS: VAH, Ft. Howard, Md. — DATE SIGNED: 7/23/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 24th 1950	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/24/50	A. W. Hedrick	Leo G. Cook Funeral Home	Balto., Md.

JJ

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07001

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lockhearn
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3609 Oak Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 109 N. Symington Ave.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Mae (Last) Rodgers

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 25, 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At. Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George M. Walter

14. MOTHER'S MAIDEN NAME: Mary Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mr. Orville H. Mowbray 3629 Oak Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Sclerosis

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to July 29, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
*** M. Paul Byers ***	M D	3033 W North Ave	8/3/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/1/50	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/31/50	A. W. Hedrich per yhl	Wm. J. Tickner & Sons, Balto., Md.	

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VS. A15

07002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: ~~Balto.Co.~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Overlea — LENGTH OF STAY (in this place): 2 Months	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ~~Overlea~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 607 Old Home Road	STREET ADDRESS (If rural, give location): 2I02 Ramsay Street, Balto:Md.

3. NAME OF DECEASED (Type or Print)	(First) Daisy	(Middle)	(Last) Rogers	4. DATE OF DEATH	(Month) 7-	(Day) 3	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 9-I4-I87I	9. AGE last birthday: 78 yrs.	If under 1 year: Months 9 Days I9	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Frank J.Russell			14. MOTHER'S MAIDEN NAME: Amelia E.Shanks				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If year, give war or dates of service): None	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Mr.W.F.Thompson--3220 Juneau Place, Balto.Md				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Myocardial Insufficiency — 1 day

93d Antecedent cause(s) (b) Chronic Myocarditis — 5 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arterio Sclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15th 1950, to July 3rd 1950, that I last saw the deceased alive on July 3rd, 1950, and that death occurred at 1 30 A m, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D Edw H Benson Overlea

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 7-5-50	NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery	LOCATION (City, town, or county) (State): Taylor Avenue, Balto.Md.
DATE REC'D BY LOCAL REG.: 7/5/50	REGISTRAR'S SIGNATURE: A.W. Hedrick	24. FUNERAL DIRECTOR: George J.Ruth, Inc.-I735 Harford Avenue	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07003

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 1 mo. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 2016 E. Fayette St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mildred	Margaret	Rogers	July	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	4/18/18	32 yrs.	3	--		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: lunchroom
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Hogan
14. MOTHER'S MAIDEN NAME: Marie Bolling (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-18-3967
17. INFORMANT AND ADDRESS Mildred M. Rogers 2016 E. Fayette St Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Empiema. ? ~~Pulmonary~~ Tuberculosis	2 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	6 months
	(c)	

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132

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9, 1950 to 7/18, 1950, that I last saw the deceased alive on 7/18, 1950 and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Lamm	M.D.	Mt. Wilson, Md.	7/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/21/50	Parkwood Cemetery	3310 Taylor Ave., Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/18/50	Helen R. Mayer	Geo. A. Ruth, 1735 Harford Ave., Balto. Md.

780 71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1950
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 30

07004

BIRTH NO.

1. NAME OF DECEASED (Type or Print): URSULA . SEUBERT.

2. DATE OF DEATH: July 9, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Catonsville Home for Age, Edmondson ave & Englesidean
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 5 Manor Place
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Co.
D. STREET ADDRESS (If rural, give location): —

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Nov 12, 1870
9. AGE (In years last birthday): 79 — If Under 1 Year: Months 11, Days 9 — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): —
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George
14. MOTHER'S MAIDEN NAME: Margaret.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Joseph N. Seubert — ADDRESS: 5 Manor Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio-sclerotic cardio vascular disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

422.1
93d

ANTECEDENT CAUSES

(B) — —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) — —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture, Art hip, old, non union — 2 yrs 6 mos
Blindness, Lateral, senile cataracts — Unknown

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 31, 1948, *to* July 9, 1950, *that I last saw the deceased alive on* July 8, 1950, *and that death occurred at* 12³⁰ A *m., from the causes and on the date stated above.*

23A. SIGNATURE: Stephen Lee Magness M. D.
23B. ADDRESS: 908 Frederick Rd
23C. DATE SIGNED: 9 July 1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: July 11, 50
24C. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
24D. LOCATION (City, town, or county) (State): German Hill Road

DATE RECEIVED BY LOCAL REGISTRAR: 7-10-50
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: S. Walter May — ADDRESS: 619 N. Bouldin St

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

07005

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1905 Brunt St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOE		SHELDON	July	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	3-10-91	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed R.R. Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Sheldon
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 705-10-9058 Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	unknown
434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 831	(b) Congestive heart failure with cerebral embolism & left hemiplegia	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-3, 1950, to 7-7, 1950, that I last saw the deceased alive on [illegible], and that death occurred at 9:55 P.m., from the causes and on the date stated above.

SIGNATURE: Milton Ginsberg (Degree or title: M.D.)
MILTON GINSBERG, M.D.
ADDRESS: VAH, Fort Howard, Md.
DATE SIGNED: 7-8-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/11/50	Balto.National Cemetery	5501 Frederick Ave.Balto.Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/11/50	A.W. Hedrick	Chas. G.Cooper	512 N.CarrolltonAve.Balto.Md.

JT

XVX47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07006

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 228 Pinecrest Parkway

3. NAME OF DECEASED (Type or Print): (First) LEON (Middle) H. (Last) SIKES, SR.

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4-30-09

9. AGE last birthday: 41 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk (Unemployed)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sampson Co., N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace Sikes

14. MOTHER'S MAIDEN NAME: Agnes Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

204.1 **Immediate cause** (a) MYELOGENOUS LEUKEMIA — UNKNOWN

74a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 6-30-, 1950, to 7-1-, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D. Chief Medical Service VAH, Ft. Howard, Md. 7-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: July 3, 1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cem.

LOCATION (City, town, or county) (State): Wilmington N. C. Rose Hill

DATE REC'D BY LOCAL REG.: July 1-50

REGISTRAR'S SIGNATURE: Dawson L. Parker

24. FUNERAL DIRECTOR: Mildred T. Blight ADDRESS: Blight Funeral Home 6009 Harford Rd., Balto., Md

266 99 Shipped to: Harrell-Coble Funeral Ser, 416 Walnut St., Wilmington, N.C.

RECEIVED
JUL 5 1950
BUREAU M. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07007

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3215 Taylor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3215 Taylor Ave

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Marie (Last) Simms

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH May 12-1884
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry A. Wehrhahn
14. MOTHER'S MAIDEN NAME Catherine Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Newell Valentine, 3215 Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-pneumonia -

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma caecum c̄ wide metastasis

46 e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C.V.D.

19a. DATE OF OPERATION Feb. 1950
19b. MAJOR FINDINGS OF OPERATION Ca of caecum
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to July, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE J. Henry Haase M.D. (Degree or title) ADDRESS 4218 Harford Rd. DATE SIGNED 7/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-13-50
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 7-12-50
REGISTRAR'S SIGNATURE L
24. FUNERAL DIRECTOR L. J. Ruck, 5305 Harford Rd ADDRESS

Dr. Haase

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07008

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dogwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural, give location): Dogwood Road

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) (Last) Smith

4. DATE OF DEATH: (Month) July (Day) 6, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: April 27, 1874

9. AGE last birthday: 76 yrs. — If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Woodlawn, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nicholas Smith

14. MOTHER'S MAIDEN NAME: Charlotte Hidey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Mrs. C. Meekins 7020 Windsor Mill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171x **Immediate cause** (a) Carcinoma of Cervix Uteri with metastases — Interval Between Onset and Death: 3 years

Antecedent cause(s)

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio vascular Disease Senile — 10 years

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1937, to July 6, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 2.10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joshua H. Armacost M.D. — ADDRESS: 6419 Windsor Mill Road, Wdln. — DATE SIGNED: July 7 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 8, 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery — LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG.: 7/7/50 — REGISTRAR'S SIGNATURE: H. W. Hedrick — 24. FUNERAL DIRECTOR: J. Miles Lamoreau — ADDRESS: 4510 Liberty Hgts. Ave.

07009

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
LENGTH OF STAY (in this place) 6 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7900 LIBERTY RD - BALTO. 7 - MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural, give location) 7900 LIBERTY RD - BALTO. 7 - MD.

3. NAME OF DECEASED (Type or Print) MRS. LIZZIE (First) BELLE (Middle) SNELLING (Last)

4. DATE OF DEATH (Month) JULY (Day) 16 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH JANUARY 10, 1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME MR. WILLIAM DIVEN
14. MOTHER'S MAIDEN NAME MRS MARTHA - (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. —
17. INFORMANT MR. OSCAR SNELLING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
260x Immediate cause	(a) CONGESTIVE HEART FAILURE	3 WEEKS
61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DIABETES	15 YEARS
	(c) HYPERTENSIVE CARDIO-VASCULAR DISEASE	15 YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PARKINSONISM. 10 YEARS

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X (CITY OR TOWN) X (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) X m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from DEC. 1, 1949, to JULY 16, 1950, that I last saw the deceased alive on JULY 16, 1950, and that death occurred at 2 A.m., from the causes and on the date stated above.

SIGNATURE Thomas E. Wheeler (Degree or title) MD ADDRESS Randallstown, Md. DATE SIGNED July 16 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-18-1950
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) Pikesville, (State) Md.

DATE REC'D BY LOCAL REG. 7/17/50
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07010

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (In this place) 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2210 Roslyn Avenue

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) H. (Last) SOLES
4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-20-90
9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Glouchester Co., Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Soles
14. MOTHER'S MAIDEN NAME: Cora Marchant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: 216-28-6021
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X **Immediate cause** (a) Carcinoma of rectum with metastasis — 2 Yrs.

H6d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22-, 19 50, to 7-17-, 19 50, that I last saw the deceased alive on [illegible], and that death occurred at 10:20 Pm., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D. Chief, Medical Service VAH, Ft. Howard, Md. 7-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 21,1950 | NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 7/20/50 | REGISTRAR'S SIGNATURE H. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tickner & Sons, Balto., Md.

274 80

MARYLAND STATE DEPARTMENT OF HEALTH

07011

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Mt Washington~~ Baltimore — LENGTH OF STAY (In this place) 2½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6088 Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Mt. Washington
STREET ADDRESS (If rural, give location) 6088 Falls Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Lee	Steitz	July	31,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	May 27, 1877	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Elevator Operator	Balto. Police Dept.	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Adam Steitz	Fannie Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Mrs. Laura V. Steitz, 6088 Falls Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
180X Immediate cause	(a) Carcinoma of Kidney	4 yrs.
52a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. No.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	none.			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none, m.		none.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples, Deputy Med. Exam.	M.D.	Reisterstown, Md	8-1-'50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/3/50	Lorraine	Woodlawn, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/2/50	A. W. Hefner	Wm. Cook, Inc.	1217 St. Paul Street

730 99

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07012

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Rockingham
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonburg
STREET ADDRESS (If rural give location) Valley Pike

3. NAME OF DECEASED (Type or Print): (First) Madeline (Middle) R (Last) Sterling
4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Nov. 22 1896
9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B. Key. Son Clothing Store
10b. KIND OF BUSINESS OR INDUSTRY: Clerk
11. BIRTHPLACE (State or foreign country): Mt. Solon, Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Peter M. Rogers
14. MOTHER'S MAIDEN NAME: Ida A. Shiplett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 225-01-4817
17. INFORMANT: Brother Harry Rogers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

430.0 **Immediate cause** (a) Cardiac decompensation

92b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bacterial endocarditis — 4 years

(c) Mitral & aortic insufficiency

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scleraderma, rheumatoid arthritis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) —
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Sept., 19 15, to 30 July, 19 50, that I last saw the deceased alive on 29 July, 19 50, and that death occurred at 3A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles H. Williams M. D. Pikesville 8, Md 30 July 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug 2-50 | NAME OF CEMETERY OR CREMATORY: Woodburn | LOCATION (City, town, or county) (State): Rockingham Co. Virginia

DATE REC'D BY LOCAL REG. 7-31-50 | REGISTRAR'S SIGNATURE: Mary B. Eline | 24. FUNERAL DIRECTOR ADDRESS: J.E. Elline Sons Reisterstown Md.

266 60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1950
BUREAU OF

07013

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3424 Hollins Ferry Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland
STREET ADDRESS (If rural, give location) 3424 Hollins Ferry Road.

3. NAME OF DECEASED (Type or Print) (First) ESTELLE (Middle) E. (Last) STEWART

4. DATE OF DEATH (Month) (Day) (Year) July 2, 1950 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Mar. 14, 1864

9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James J. Barker

14. MOTHER'S MAIDEN NAME Emma C. Sausser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Estelle S. Smoot, 3424 Hollins Ferry Ro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Infirmities of Age

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950 to July 2, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 11.30 m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr Thos T Abbott M.D. 4509 Liberty Heights Ave

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/5/50

NAME OF CEMETERY OR CREMATORY London Park

LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 7/5/50

REGISTRAR'S SIGNATURE H. W. Hedrick Dm

24. FUNERAL DIRECTOR Wm Cook Inc 1217 St Paul St

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07014

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Wilson
LENGTH OF STAY (in this place) 1 yr. 4 mos. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 612 Reservoir St. ✓

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) L. (Last) Stoops

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 8/31/1898

9. AGE last birthday: 51 yrs. — If under 1 year: Months 10, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Middletown, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Oscar Stoops

14. MOTHER'S MAIDEN NAME: Emma Monjar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 289-05-6946

17. INFORMANT AND ADDRESS: 612 Reservoir St. Raymond L. Stoops Balto. 17, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — About 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1949, to 7/26, 1950, that I last saw the deceased alive on 7/26, 1950, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE: Leon N. Hetherington — (Degree or title) M.D. — ADDRESS Mt. Wilson, Md. — DATE SIGNED 7/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 7/26/50 — NAME OF CEMETERY OR CREMATORY: Anatomy Board, Univ. of Md. Medical — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7/26/50 — REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR — ADDRESS: Francis H. Hemsley, 578 W. Biddle St. Balto., Md.

34089

RECEIVED
JUL 31 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07015

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Homelesgh — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS dimmock Home 812 Register Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 30 Burke AVE.

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) L. (Last) Stoller
4. DATE OF DEATH: (Month) July (Day) 31st (Year) 1950
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: 2 JAN 1884
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Tarentum, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cathcart Johnson
14. MOTHER'S MAIDEN NAME: Amy Elizabeth Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Jean Hauver

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Block	1 day
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	4 yrs.?
	(c) Hypertrophic Arthritis	37 yrs.

0027
131

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1950, to 31 July, 1950, that I last saw the deceased alive on 30 July, 1950, and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Richard A. Young M.D. 909 Arran Rd. 8/1/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: Aug. 3, 1950
NAME OF CEMETERY OR CREMATORY: Prospect Hill Cem.
LOCATION (City, town, or county) (State): Towson, Md.

DATE RECD BY LOCAL REG. 8/3/50
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR: John Burns' Sons, Towson Md.
ADDRESS

VS/A15

M

07016

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY none
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harlem Lodge	STREET ADDRESS (If rural give location) 4639 Schenley Road

3. NAME OF DECEASED (Type or Print) (First) Gustavus (Middle) McLeod (Last) Tew			4. DATE OF DEATH (Month) July (Day) 31, (Year) 1950		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 1/22/81	9. AGE last birthday 69 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop Supt., Mt. Clare, B & O RR	10b. KIND OF BUSINESS OR INDUSTRY Air-Conditioning Div.		11. BIRTHPLACE (State or foreign country) Lisburn, Ireland	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Gustavus George Tew			14. MOTHER'S MAIDEN NAME Emma Baird		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Mary O. Tew 4639 Schenley Road Baltimore, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral hemorrhage	1 day
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7/15, 1950, to 7/31, 1950, that I last saw the deceased alive on 7/31 – 9:30 AM 1950, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Williamson II M.D.	3534 Edmondson Ave., Balto., Md.	8/1/50

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE THEREOF 8 - 3 - 50	NAME OF CEMETERY OR CREMATORY Druid Ridge	LOCATION (City, town, or county) (State) Pikesville, Md.
DATE REC'D BY LOCAL REG. 8-1-50	REGISTRAR'S SIGNATURE V. E. Harry	24. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	ADDRESS - 1900 Eutaw Pl. Baltimore, Md.

Dr. Williamson

Mahlon B. Mitchell

156 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
AUG 3 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07017

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesaco Pk. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7904 Bridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesaco Park
STREET ADDRESS (If rural, give location) 7904 Bridge Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELSIE	MARY	THOMAS	JULY	28	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
F.	W.	married	July 23-1897	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at Home	Balto. Md.	

13. FATHER'S NAME Harry Little

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Catherine Gow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cerebro-Vascular accident	Sudden
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular disease	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Wbila at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1949, to July 28, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. Baumgardner MD.		Balto 6 Md	7-29-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 31-1950	Parwood Cemetery	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 31, 1950	Edith Hurley	John F. Connelly	418 Eastern Ave.

RECEIVED
AUG 1 1950
BUREAU Y. S.

07018

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Phoenix
LENGTH OF STAY (in this place): 22 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Phoenix Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Phoenix
STREET ADDRESS (If rural give location): Phoenix Road.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Benjamin (Last) Thomas Jr.

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 22 Sept. 1947

9. AGE last birthday: 2 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Monkton, Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Benjamin Thomas

14. MOTHER'S MAIDEN NAME: Dora Elizabeth Cromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: —

17. INFORMANT: Dora E. Thomas (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Pathological Section —

Immediate cause (a) Sarcoma — ganglio-neuroblastoma — Interval between onset and death: 7 months.

1937 / 548 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) — 4 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia

19a. DATE OF OPERATION: 25 March 1950

19b. MAJOR FINDINGS OF OPERATION: Sarcoma — ganglio-neuroblastoma - in perineum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

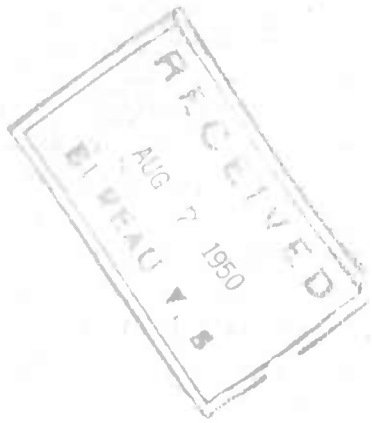
22. I hereby certify that I attended the deceased from 22 Sept., 1950, to July, 1950, that I last saw the deceased alive on 20 July, 1950, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kees — (Degree or title) M.D. — ADDRESS: Cockeysville, Md. — DATE SIGNED: 28 July 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 31-50 — NAME OF CEMETERY OR CREMATORY: Union Chapel — LOCATION (City, town, or county) (State): Monkton Md

DATE REC'D BY LOCAL REG. 8/2/50 — REGISTRAR'S SIGNATURE: Emma Price

24. FUNERAL DIRECTOR: Howard A. Mackline — ADDRESS: White Hall, Md.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AUG 7 1950
BUREAU

07019

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Timber Grove Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mary Land COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Timber Grove Road

3. NAME OF DECEASED (Type or Print) (First) Milton (Middle) Carpenter (Last) Utz
4. DATE OF DEATH (Month) July (Day) 23 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 16 1923
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Station Attendant
10b. KIND OF BUSINESS OR INDUSTRY Filling Station
11. BIRTHPLACE (State or foreign country) Mary Land
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Clinton Utz
14. MOTHER'S MAIDEN NAME Nancy Lee Carpenter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W War 2
16. SOCIAL SECURITY NO. 213-20-2420
17. INFORMANT Mrs. Nancy L. Utz, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carbon Monoxide Poisoning	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mental Depression	2 yrs
	(c)	

973.3
178 c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Not an injury
(CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) July (Day) 23 (Year) 50 (Hour) 3 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples Med. Exam (Degree or title) M.D. ADDRESS Reisterstown Md. DATE SIGNED 7-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 26, 1950
NAME OF CEMETERY OR CREMATORY All Saints
LOCATION (City, town, or county) Reisterstown, Md. (State)
DATE REC'D BY LOCAL REG. 7-25-50
REGISTRAR'S SIGNATURE Mary B. Eline.
24. FUNERAL DIRECTOR Wm Berryman & Sons ADDRESS Reisterstown Md

4167V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 28 1950
BUREAU U. S.

07020

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 27 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 211 E. Churchill Street

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) W.	(Last) VETTER	4. DATE OF DEATH	(Month) July (Day) 7, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: 12-16-1887	9. AGE last birthday: 62 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Baltimore City	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Phillip Henry Vetter	14. MOTHER'S MAIDEN NAME: Minnie Mlister				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-I	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
163x Immediate cause	(a) Bilateral Carcinoma of lung	Unknown
47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that VA attended the deceased from 6-10-, 1950, to 7-7-, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~and that~~ death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Padget PAUL PADGET, M.D.	Chief Medical Service	VAH, Ft. Howard, Md.	7-7-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/11/50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-10-50		Wm. Cook,	Balto., Md.

988 98

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07021

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 225 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 5505 Remmell Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) W. (Last) WAGNER

4. DATE OF DEATH: (Month) July (Day) 26, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-3-1896

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer-Steel Die

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Wagner

14. MOTHER'S MAIDEN NAME: Leona Amchein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL FAILURE	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Post Operative Lobectomy,right upper Lobe	3 hrs.
	Coronary Arteriosclerosis and myocardial scarring	Unknown
	(c) Diabetes Mellitus	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Fibrocaseous Tuberculosis right upper Lobe — Unknown

19a. DATE OF OPERATION: 7-26-50

19b. MAJOR FINDINGS OF OPERATION: See Autopsy Findings

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 12-13-, 1949, to 7-26-, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert Gray M.D.	VAH, Fort Howard, Md.	7-26-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-29-50	Holy Redeemer	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/27/50	A. O. Adrian	Leonard J. Ruck,	Balto., Md.

JT 5305 Harford Rd. V2295

07022

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 462

1. PLACE OF DEATH:

County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 yrs.

Hospital, institution, or street address where death occurred: 5552 Ashbourne Rd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

Street No. 5552 Ashbourne Rd (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Addie Gertrude Watkins

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: late Alfred W. Watkins

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): June 6,1867

8. AGE: Years 83 Months 1 Days 0 If less than one day ... hrs. ... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: H.W.

11. Industry or business: Own Home

FATHER 12. Name: John Becraft

13. Birthplace: Md.

MOTHER 14. Maiden name: Frances----

15. Birthplace: Md/

16. Informant: Mrs. Carl H.Spurrier

Address: 5552 Ashbourne Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 10/50 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Ave. Balto. 29, Md.

18. Funeral director: Harry H. Aritzke

Address: 4101 Edmondson Ave.

19. 7-10 19 50 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6/50 19 ... at 4 30 p.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 19 50 to July 6 19 50 and that I last saw her alive on July 5 19 50

Immediate cause of death: Cerebral hemorrhage, left c̄ rt. hemiplegia

Due to: Arteriosclerotic Hypertensive CVD

Due to

Other conditions: 443x 93d (Include pregnancy within 3 months of death)

DURATION: 4 days ?

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Herbert J. Levickas, M.D. M. D. or other

Address: 5305 East Drive Date signed: 7/7/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

07023

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218 33

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco. LENGTH OF STAY (in this place) 1 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco.
STREET ADDRESS (If rural, give location) Falls Rd

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) GORDON (Last) WHEELER

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1950

5. SEX Male.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 21, 1909.
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec.
10b. KIND OF BUSINESS OR INDUSTRY Black & Decker Tool Co.
11. BIRTHPLACE (State or foreign country) Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. B. Wheeler
14. MOTHER'S MAIDEN NAME Annie Armecost.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) None.
16. SOCIAL SECURITY NO. 213-10-4018
17. INFORMANT J. B. Wheeler Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
973.3-	Immediate cause	(a) Carbon Monoxide Poisoning	3 hrs?
1630	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mental Depression	3 mo.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) None (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples Med. Exam. (Degree or title) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 7-12-'50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 15 1950 NAME OF CEMETERY OR CREMATORY Foreston Cemetery LOCATION (City, town, or county) Parkton, Md. (State)

DATE REC'D BY LOCAL REG. July 14/50 REGISTRAR'S SIGNATURE [signature] Mrs. Mary Eline
24. FUNERAL DIRECTOR J. Jacob Hartenstein, ADDRESS New Freedom, Pa.

236 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 21 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07024

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Walstan Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 12 Walstan Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
E.	Gertrude	Whitney	July 15, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Mar. 5, 1873	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housework	Baltimore Co.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Widerman	Asenath Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. C. Wightman Seabold, Reisterstown.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardiac - Chronic	5 yrs
260 X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebrorenal vascular Arteriosclerosis	5 yrs
	(c) Diabetes - mellitus	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
July 15 50 5:30 p.m.		

22. I hereby certify that I attended the deceased from 1-1-38, to 7-15-50, that I last saw the deceased alive on 7-15-50, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward L. Duffell	M. D.	Reisterstown Md	7-16-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 18, 1950	Lorraine Park Cem.	Baltimore Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-17-50	Mary B. Eline	J. F. Eline & Sons	Reisterstown, Md.

RECEIVED
JUL 19 1950
BUREAU V. S.

M

07025

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. Co Dundalk MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7437 Holabird Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 137 Wells Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Maryanna M. Wielgoss

4. DATE OF DEATH (Month) (Day) (Year) 7-22-1950

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Dec.-6-1898 | 9. AGE last birthday 51 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottling Dept. | 10b. KIND OF BUSINESS OR INDUSTRY Paul Jones Co | 11. BIRTHPLACE (State or foreign country) Baltimore-Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nicholas Wielgoss | 14. MOTHER'S MAIDEN NAME Rose Puzynska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 215-01-8017 | 17. INFORMANT AND ADDRESS Joseph J. Wielgoss 100 Wells Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic carcinoma — 5 wk

175X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of ovary, bilateral — 10 mo

490

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 23/49 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovary, bilateral | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1949, to July 22, 1950, that I last saw the deceased alive on July 22, 1950 and that death occurred at 11 00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William K. Diehl, M.D. | ADDRESS 11 E. Chase St Balto 2 | DATE SIGNED 7/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7-25-1950 | NAME OF CEMETERY OR CREMATORY Dr. Heart of Mary | LOCATION (City, town, or county) German Hill Rd - Balto. Md. (State)

DATE REC'D BY LOCAL REG. 7/24/50 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR John C. Milly Inc. - 2435 E. Oliver St | ADDRESS

496 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Dr Wm. R. Diehl
11 E. Chase St

07026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton. LENGTH OF STAY (in this place) 78 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rayville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Parkton.
STREET ADDRESS (If rural, give location) Rayville Rd.

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Young (Last) Wilson.
4. DATE OF DEATH (Month) July (Day) 29 (Year) 1950

5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.
8. DATE OF BIRTH May 10, 1872.
9. AGE last birthday 78 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own Farm.
11. BIRTHPLACE (State or foreign country) Parkton, Md. R.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cornelius Wilson
14. MOTHER'S MAIDEN NAME Liza Young.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Walter Williams, Parkton Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

331x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30 1950, to July 30 1950, that I last saw the deceased alive on Dead on arrival, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE A. M. France (Degree or title) M.D. ADDRESS Parkton, Md. DATE SIGNED 8/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF August 2 1950 NAME OF CEMETERY OR CREMATORY Pine Grove E.U.B. LOCATION (City, town, or county) Parkton, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. Aug 2 1950 REGISTRAR'S SIGNATURE Chester L. Freedom 24. FUNERAL DIRECTOR J. Jacob Hartenstein, New Freedom, Pa. ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 7 1950
BUREAU

07027

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5218 Beaufort Ave ✓

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Maria (Last) Windus
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 3-1860
9. AGE last birthday: 90 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Schroeder
14. MOTHER'S MAIDEN NAME: Elizabeth Mell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Laura M. Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 3 yrs
420.0 Antecedent cause(s)
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generlized artiria sclerosis — 5 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to July 10, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 1:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter T. Lees M.D. Cockeysville, Maryland

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE 7-12-50 NAME OF CEMETERY OR CREMATORY Loudon Pk. LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 7/10/50
REGISTRAR'S SIGNATURE Laura M. Schroeder
24. FUNERAL DIRECTOR ADDRESS Wm. Cook, St. Paul & Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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COPY SENT TO ~~LOCAL BOILERMAN NO.~~ ..... DATE 7-11-50

07028

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~144~~ 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford — LENGTH OF STAY (in this place) 18 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Evelyn	(Middle) —	(Last) Wolfe	4. DATE OF DEATH	(Month) July (Day) 28th (Year) 1950
5. SEX F	6. COLOR OR RACE W	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH July 24-1907	9. AGE last birthday 43 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Miamisburg Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME John Tompkins	14. MOTHER'S MAIDEN NAME Alice Jones				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. 212-22-6025	17. INFORMANT John W. Wolfe			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
171 X Immediate cause	(a) Carcinoma of the Cervix	3 yrs.
Antecedent cause(s)		
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11-27-47	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cervix	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to July 28, 1950, that I last saw the deceased alive on July 27, 1950, and that death occurred at 3 20/A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. M. France	M.D.	Parkton Md	7/28/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 30-50	Lewistown Cem	Lewistown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 29, 1950	Blanche S. Eyler	M L Creager	Sam Thurmont Md

Mrs. Howard Markline wh

Howard Mackenzie
White Hall

07029

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY 526 Franklin Ave Essex MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (In this place) 3 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 526 Franklin Ave.	STREET ADDRESS (If rural give location) 526 Franklin Ave.

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) Wolinski (Last)

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1950

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH May 9-1872 — 9. AGE last birthday 78 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 10b. KIND OF BUSINESS OR INDUSTRY Steelworks — 11. BIRTHPLACE (State or foreign country) Poland — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No — 16. SOCIAL SECURITY No. None — 17. INFORMANT Mary Hulseman - 526 Franklin Ave Essex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardio vascular Renal Disease

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to July 1, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 6 30 m., from the causes and on the date stated above.

SIGNATURE Albert E. Sikorsky (Degree or title) M.D. — ADDRESS 2939 McElderry St. — DATE SIGNED 7/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 3 1950 — NAME OF CEMETERY OR CREMATORY Holy Rosary Cem. — LOCATION (City, town, or county) German Hill Rd. (State)

DATE REC'D BY LOCAL REG. July 11, 1950 — REGISTRAR'S SIGNATURE A. W. Hedrich — 24. FUNERAL DIRECTOR Wm. S. Fialkowski — ADDRESS 2007 Eastern Ave.

44429

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

354

COPY SENT TO ~~LOCAL REGISTRAR~~ CHO No. ..... DATE 7-11-50

07030

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41-?

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk ??
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hobo Camp along R.R.tracks at 66th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Hobo camp along R.R.tracks at 66thSt.

3. NAME OF DECEASED (Type or Print) (First) PHILLIP (Middle) (Last) WOODS
4. DATE OF DEATH (Month) July (Day) 10, (Year) 1950

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) U
8. DATE OF BIRTH U
9. AGE last birthday 65? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY N K
11. BIRTHPLACE (State or foreign country) N K
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME N
14. MOTHER'S MAIDEN NAME N

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. O W N
17. INFORMANT O W N

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

286.5 Immediate cause (a) Malnutrition

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

200a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Stanley H. Durlacher (Degree or title) M.D. ADDRESS 700 Fleet St. Baltimore 2, Md. DATE SIGNED July 11, 1950

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL JUL 26 1950

DATE REC'D BY LOCAL REG. 7-31-50 REGISTRAR'S SIGNATURE R.W. Hedrick
24. FUNERAL DIRECTOR Commissioner of Health ADDRESS

pm-g.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07031

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard; LENGTH OF STAY (in this place) Approx 45 Min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk; STREET ADDRESS (If rural, give location) 1906 Washington Rd.,

3. NAME OF DECEASED (Type or Print): (First) WILLIAM; (Middle) H.; (Last) YEAGER

4. DATE OF DEATH: (Month) July; (Day) 5,; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-9-96

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-Time Keeper

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Gordon, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. C. Yeager

14. MOTHER'S MAIDEN NAME: Clara Resh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 218-01-1694

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EDEMA	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Dilatation and Hypertrophy	Unknown
	Coronary Arteriosclerosis (c)	Unknown

420.1

950

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 7-5-, 1950, to 7-5-, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE: Harold Gabel (Degree or title)

ADDRESS: VAH, Ft. Howard, Md.

DATE SIGNED: 7-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7 July 1950

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: July 7-1950

REGISTRAR'S SIGNATURE: Wm. M. Kelly Jr. WALTER

24. FUNERAL DIRECTOR ADDRESS: Brooks Bradley Funeral Home, Dundalk, Md.

26629

RECEIVED
JUL 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07032

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Douglass Home for Aged

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Catonsville~~ Towson
STREET ADDRESS Dulaney (If rural give location) Valley Rd ~~921 Old Frederick Rd.~~

3. NAME OF DECEASED (Type or Print) (First) Hattie (Middle) (Last) Young

4. DATE OF DEATH (Month) (Day) (Year) July 17 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar. 13 1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Private family
11. BIRTHPLACE (State or foreign country) Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Young
14. MOTHER'S MAIDEN NAME Caroline Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Louise Selby 1104 Springfield Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH 6 Months

156.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46f

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10, 1950, to 7-17, 1950, that I last saw the deceased alive on 7/17/, 1950, and that death occurred at 12.10A m., from the causes and on the date stated above.

SIGNATURE C. F. Maloney (Degree or title) MD ADDRESS 57 Winters Lane Balto 28 DATE SIGNED 7/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 19 1950
NAME OF CEMETERY OR CREMATORY Mt. Auburn
LOCATION (City, town, or county) Balto Md. (State)

DATE REC'D BY LOCAL REG. 7/19/50
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Holland Funeral Home ADDRESS 1631 Druid Hill Ave.

DM.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Douglas Memorial Home for Aged

7032
6925
1P7